Eatonville School District

To maintain accurate records, please submit this form to Payroll as soon as possible.

CERTIFICATED/CLASSIFIED LEAVE RECORD REVISION FORM

Employee Nam	ne:				Please revise the, 20, leave record as follows:					
Employee Name:			Serial #:							
DATE	HOURS	ORIGII	NAL REQUEST	CHAN	GE REQUEST					
			Supervisor Appr		Date					