

Employee Absences - Leave Request

BSCS District #25-1

Please complete and return to either the Principal's mailbox for any time you are or anticipate being absent from work. The Business Manager will approve also to make sure there is a proper leave balance for the request. Incomplete forms will result in leave requests not being processed on a timely manner.

Name: _____ Position: _____

Date(s) Requested Off: _____

Per current year's Master Agreement; smallest increment will be 1 hour		
Type of Leave	Hours (ex - 8hrs)	Time (ex - 8:00-4:00PM)
SICK		
MATERNITY/PATERNITY		
PERSONAL		
BEREAVEMENT		
PROFESSIONAL (Training)		
VACATION		

TOTAL Hours Requested _____
=====

REASON FOR LEAVE: (NOTE: If PERSONAL LEAVE is requested, NO reason is required)

Signature of Applicant: _____ Date: _____

Substitute Teacher: (if applicable) _____

For Office Use

Administrative Approval: _____ Date: _____
Principal (to approve the entire leave request)

Administrative Approval: _____ Date: _____
CEO/Business Manager (to approve the actual leave balance per SUI)