



Beautiful Plains School Division

Non-Teaching Employee Absence Form

12 month Employees ONLY

Form to be completed as soon as the employee returns to work.

Employee's Name:	School/Division Office/Bus Garage	
Reason for Absence: <i>(illness, Doctor Appointment, Family Medical, Funeral (bereavement), Compassionate, Personal Day WITH pay, Personal Day WITHOUT pay, Vacation, Professional Development, Training)</i>	If Family Medical, state relation:	
	No. of Hours:	No. of Days:
Dates:		

_____	_____	_____
<i>Employee's Signature</i>	<i>Date</i>	<i>Supervisor/Principal</i>

**Request for Payment
(if a replacement is hired)**

REPLACEMENT INFORMATION		
Name:		
Mailing Address:		
Telephone:	No. of Hours	No. of Days
Dates:		

_____	_____
Supervisor's Signature	Division Approval