



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, compassionate, family medical, personal day with pay, personal leave, holidays, P.D., training, etc.)</i>		If Family Medical, state relation:
No. of Days:	No. of Hours:	
Dates:		

_____ <i>Employee's Signature</i>	_____ <i>Date</i>	_____ <i>Supervisor/Principal</i>
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Request for Payment (if a replacement is hired)

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

_____ Supervisor's Signature	_____ Division Approval
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