



Beautiful Plains School Division

Request for Non-Teaching Employee Leave

Form to be completed 5 days prior to leave.

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

_____ <i>Employee Signature</i>		_____ <i>Date</i>	
_____ <i>Supervisor/Principal Signature</i>		_____ <i>Date</i>	
Substitute Required		<input type="checkbox"/> YES	<input type="checkbox"/> NO
DIVISION OFFICE USE			
_____ <i>Division Approval</i>		_____ <i>Date</i>	