



Beautiful Plains School Division

Non-Teaching Employee Absence Form

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

Employee's Name:		School:
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>

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