



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>(illness, family medical, compassionate, personal day with pay, personal day without pay, holidays, or P.D.)</i>	If Family Medical, state relationship:
	If Personal day state reason:
No. of Days:	No. of Hours:
Dates:	

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