



BRIGHTON AREA SCHOOLS REQUEST FOR LEAVE DAYS

Today's Date:

Name:
Dept. or Bldg:
Position:

This is a request for days off from: _____ thru _____

Total Number of Days Requested: _____

Reason for Request:

- Medical (Description): _____

- Personal (Description): _____

Are you requesting a Family Medical Leave? NO YES

If this is a request for Family Medical Leave, please contact Human Resources directly. Once this form is completed and signed, please submit to your Supervisor for approval.

Employee Signature	Date	Supervisor's Signature	Date
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SUPERVISOR PLEASE COMPLETE BELOW AND RETURN A COPY TO EMPLOYEE. PLEASE ALSO FORWARD A COPY TO HUMAN RESOURCES FOR REVIEW:

Not Approved Approved: Paid Days: ____ Unpaid Days: ____ FMLA Sent: _____

(NOTE: Paid leave day approval is pending days used/available from leave bank)

COMMENTS: _____

Human Resources Approval	Date
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cc: Employee/Supervisor/Payroll/Benefits/Personnel File