



## 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.

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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: \_\_\_\_\_

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Human Resources Approval	Date
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