



BEA REQUEST FOR PERSONAL BUSINESS* LEAVE

(More than 2 Consecutive Days & all Restricted Days)

Today's Date:

Name:
Dept. or Bldg:
Position:

My LEAVE is from: _____ to: _____

If 3-Days are Requested: Criteria required in Article 9-C-1, check all that apply ...

This is a personal business leave

This is the first time I used this leave during the current school year

These dates are not during the first five days of the school year or during the last five days of each semester

These dates are not during any testing dates and other critical school function days

These dates do not extend a vacation or holiday

Employee's Signature

Supervisor's Signature

Is the final approver, if the request is 3-Days and all 5 of the approve criteria are met (send to HR for record keeping only)

FOR HUMAN RESOURCES USE (only required if more than 3-Days or restricted contractually):

- Approved
- Not Approved

HR Comments: _____

Assistant Superintendent of HR - Signature

Date

cc: Supervisor / Payroll / Benefits / Personnel File

* If Personal Days are utilized in 2 consecutive days or less and are not restricted under the BEA contract, no approval is required, but 48 hour notification to supervisor is required.