

# BROWNSBURG COMMUNITY SCHOOL CORPORATION

## TIME OFF REQUEST and SUBSTITUTE REQUEST FORM

### PERFECT FORMS

#### Staff Quick Reference Guide

*BCSC uses an electronic form for all employees to request and report all types of time off work. The online form is processed thru a system called Perfect Forms. The Time Off Request form is also used as the Substitute Request form if you work in a position that requires a substitute. The electronic form can be accessed from any corporation computer by clicking on the Staff Resource folder found on the desktop. Within the Staff Resource folder, click on the current year "Time Off Request".*

#### Included in this packet:

- 1.) How to create a shortcut on your mobile device to the Time Off Request form
- 2.) How to access the Time Off Request form from computers outside the corporation
- 3.) Important notes regarding use of the form
- 4.) Screenshot of the Time Off Request and Substitute Request form
- 5.) How to approve Perfect Forms as an "approved" sender in Outlook
- 6.) How to create a rule in Outlook to organize all Perfect Forms Notifications



# PERFECT FORMS 2025-26 TIME OFF REQUEST ON YOUR MOBILE DEVICE

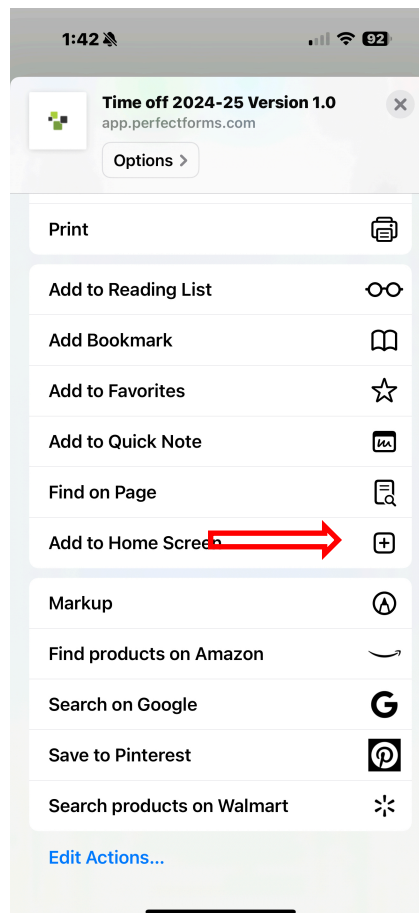
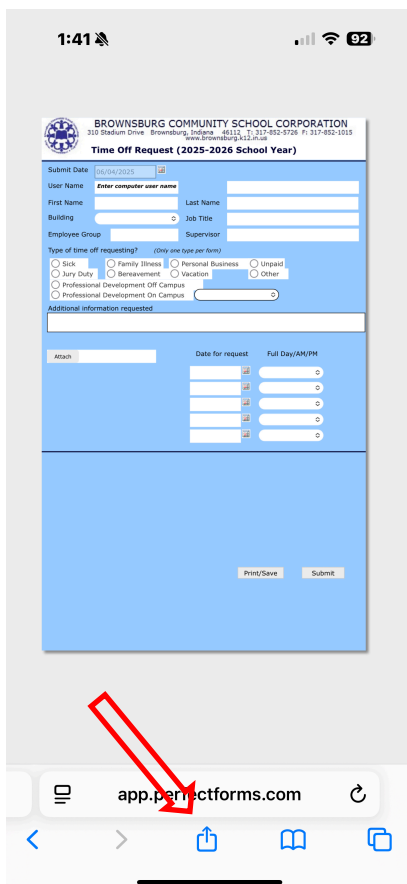
To create a shortcut on your phone to the Time Off Request form, visit the Perfect Forms link from your mobile device and:

## Droid Products

Just click the "MENU" button and add a bookmark.

## Apple products:

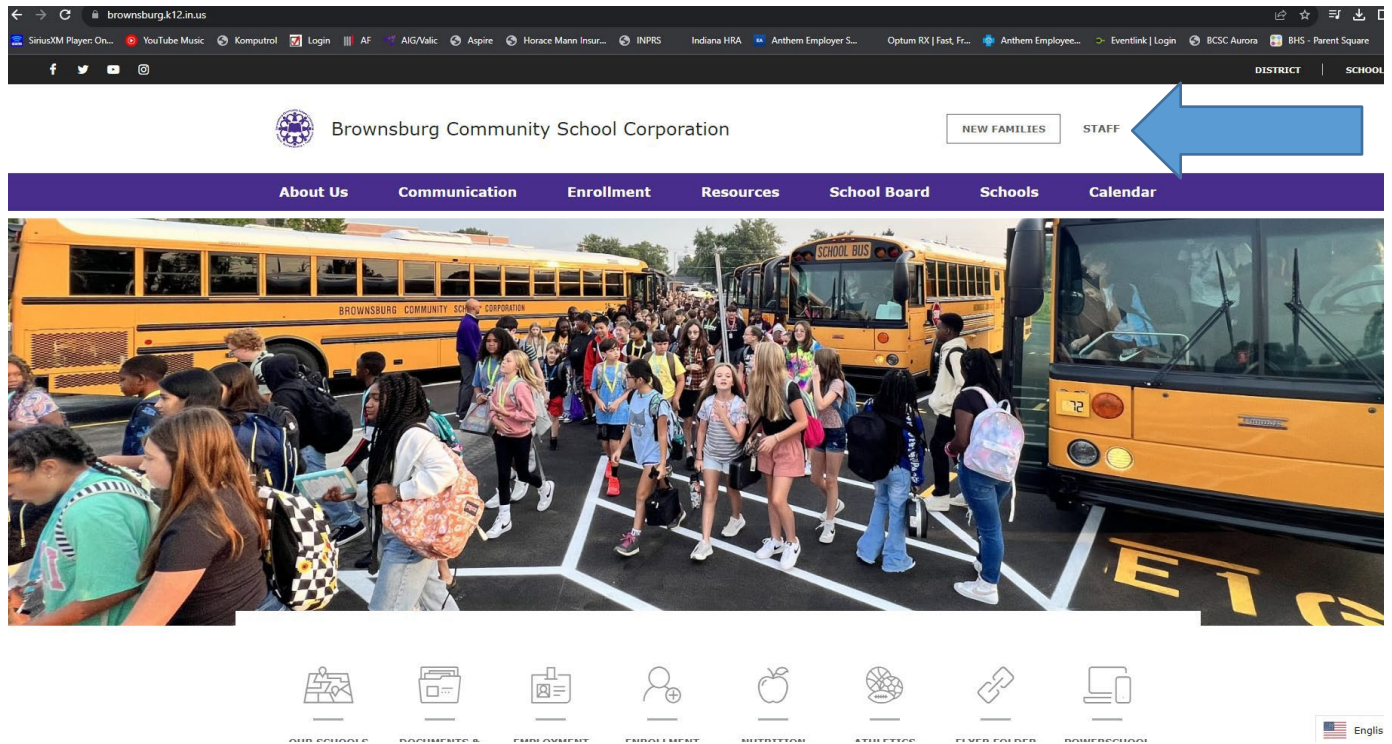
Click the arrow in the center of the bottom of your screen, scroll down then click "Add to Home Screen." (photos below)



# How to locate the Time Off Request, Professional Development, and Substitute Request Forms from computers outside the Corporation:

Go to: [www.brownsburg.k12.in.us](http://www.brownsburg.k12.in.us)


1.) Sign in at the top right of the screen.



- 2.) Enter your computer login information: username (include @brownsburg.k12.in.us) and Password
- 3.) Click on the “(current school year) Time off request” option



4.) You will then be able to complete the form.

 <b>BROWNSBURG COMMUNITY SCHOOL CORPORATION</b> 310 Stadium Drive Brownsburg, Indiana 46112 T: 317-852-5726 F: 317-852-1015 www.brownsburg.k12.in.us		
<b>Time Off Request (2025-2026 School Year)</b>		
Submit Date	<input type="text" value="06/04/2025"/>	
User Name	<input type="text" value="Enter computer user name"/>	
First Name	<input type="text"/>	Last Name <input type="text"/>
Building	<input type="text"/>	Job Title <input type="text"/>
Employee Group	<input type="text"/>	Supervisor <input type="text"/>
Type of time off requesting? <small>(Only one type per form)</small>		
<input type="radio"/> Sick <input type="radio"/> Family Illness <input type="radio"/> Personal Business <input type="radio"/> Unpaid		
<input type="radio"/> Jury Duty <input type="radio"/> Bereavement <input type="radio"/> Vacation <input type="radio"/> Other		
<input type="radio"/> Professional Development Off Campus <input type="text"/>		
<input type="radio"/> Professional Development On Campus <input type="text"/>		
Additional information requested		
<input type="text"/>		
Attach	Date for request	Full Day/AM/PM
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>

**IMPORTANT NOTES regarding the  
Time Off and Substitute Request Form**

Reporting ALL time off

ALL time off (sick, family illness, personal and others) MUST be reported using the Perfect Forms system. This is especially important due to the substitute request link.

**All staff members MUST report absences using Perfect Forms even if no substitute is needed.**

Emergency Telephone Line for Reporting an Absence / Requesting a Substitute

The online system MUST be used whenever possible. For emergency reporting and/or requests, please call (317) 852-1006 to leave a message for our substitute coordinator.

Changing or Canceling a Time Off and/or Substitute Request

After submitting a Time Off Request you will receive a CANCEL OPTION via e-mail. If a change or cancellation of the time off request is needed the request must be cancelled and resubmitted with the new information.

Time Off Requests after 8:30 a.m. for the **SAME DAY if a substitute is needed**

You must call Central Office (852-5726 or ext. 2050) if you are reporting an absence after 8:30 a.m. for the same day. A Time Off Request will be entered for you by Human Resources and a substitute will be secured. Verification of the Time Off Request will be sent to your e-mail.

Time Off Using Different Types of Leave Days

If you are submitting a Time Off Request and will be using two different types of leave days (e.g. personal and sick) separate Time Off Requests must be made for each type of leave.

Family Medical Leave (FMLA)

Time Off Requests related to an APPROVED Family Medical Leave must be submitted as Sick/Family Illness. In the "Additional Information Requested" section, please indicate "FMLA".

Having a Record of Your Request

Upon completion of a Time Off request, you will receive verification via e-mail. The verification will be titled "CANCEL OPTION". This is, obviously, the cancel/change option if needed and also serves as the record of your request. It is suggested you retain copies of these messages in a folder in your Outlook account should you need it for reference.

## ADD a SENDER as an APPROVED SENDER in OUTLOOK

Sometimes PERFECT FORMS is blocked as a sender and therefore you will not receive the CANCEL option or APPROVED notice e-mails in your inbox. One way you can help Outlook achieve better spam filtering accuracy is by adding known senders to its list of *Safe Senders*. This makes sure mail from these senders always goes directly to your Outlook Inbox, no matter what the junk mail algorithm might think. You can also whitelist complete domains using *Safe Senders*

### Add an Address or Domain to Safe Senders in Outlook

- Select *Actions / Junk E-mail / Junk E-mail options..* from the menu in Outlook
- Go to the *Safe Senders* tab
- Click *Add..*
- Type the email address or domain name you want to whitelist
  - To add a single address type [heinz@example.com](mailto:heinz@example.com), for example
  - To add a complete domain type "example.com", for example
  - To make sure sub-domains are not automatically whitelisted when you add a domain, include the "@" sign: "@example.com", for example. In this case mail from [heinz@heinz.example.com](mailto:heinz@heinz.example.com) will not be whitelisted
- Click *OK*
- Click *OK* again

If you already have a message from the sender you want to add to the *Safe Senders* list in your *Outlook Inbox* (or the *Junk E-mail* folder), the procedure is even easier:

- Open a message from the sender (or a sender at the domain) you want to add to *Safe Senders*
- Select *Actions / Junk E-mail* and then *Add Sender to Safe Senders List* or *Add Sender's Domain (@example.com) to Safe Senders List*

## CREATE an E-MAIL RULE in OUTLOOK

Now that you have added PERFECT FORMS as an APPROVED SENDER in Outlook you can create a rule to automatically move all PERFECT FORMS to a designated folder.

- Click on the *Folder* tab in Outlook Client
- Click on your *Inbox* or *Cabinet* – whichever location you prefer the folder to be created
- In the *Top Toolbar* or *Ribbon* Area, click on the *New Folder* icon. In the box that opens type the name of the folder and click *OK*
- Click on the *Home Tab* of the *Ribbon* and choose *Rules; Create Rule*

## CREATING an E-MAIL RULE (Continued)

- All Time Off Requests will come from PERFECT FORMS
  - Select *From Perfect Forms*
  - Select *Move the item to folder*
  - Browse to the folder you created above
  - Click *OK*

Now any e-mails that arrive in your inbox from PerfectForms will be automatically moved to this folder for you to check each day.

*Further technology information and training videos are available by clicking on the shortcut found in the Staff Resource folder on your computer desktop titled Tech Training*



## Time Off Request (2025-2026 School Year)

Submit Date

06/04/2025

User Name

Enter computer user name

First Name

Last Name

Building

Job Title

Employee Group

Supervisor

Type of time off requesting? (Only one type per form)

- ☐ Sick

☐ Family Illness

☐ Personal Business

☐ Unpaid
- ☐ Jury Duty

☐ Bereavement

☐ Vacation

☐ Other
- ☐ Professional Development Off Campus

☐ Professional Development On Campus
- 

Additional information requested

Attach	Date for request	Full Day/AM/PM

Submit



## Substitute Request

Submit Date

06/04/2025

First Name

Last Name

Building

Supervisor E-mail

Type of time off requesting?

☐ Sick

☐ Family Illness

☐ Personal Business

☐ Unpaid

☐ Other

☐ Jury Duty

☐ Bereavement

☐ Professional Development

☐ Vacation

Additional Information

Date for request <small>mm/dd/yyyy</small>	Full/AM/PM	Sub Requested for what part of day?	Comments
			<div>Time Off Request</div> <div>Confirm and Submit</div>



## Professional Conference Request Application

Complete all informaton and submit the entire Application form to Central Office for approval as soon as possible, but at least ten working days prior to the registration deadline.

Submit Date	06/04/2025	
First Name		Last Name
Building		Job Title
Supervisor E-mail		

Date for request	Full/AM/PM	Employee Group
	Choose One	
	Choose One	
	Choose One	
	Choose One	Do you need a substitute?
	Choose One	<input type="radio"/> YES <input type="radio"/> NO

Name of event	
Location of event	
Is this an I.U. Conference?	<input type="radio"/> Yes <input type="radio"/> No
Is this on BCSC campus?	<input type="radio"/> Yes <input type="radio"/> No

Scan and attach descriptive materials and completed registration form.

Attach

Attach

<input type="radio"/> Option 1	I would like Central Office to send a purchase order for the registration fee. My completed registration form is attached.
<input type="radio"/> Option 2	I will pay the registration fee and submit an accounts payable voucher along with detailed payment receipt(s).
<input type="radio"/> Option 3	There is no registration fee associated with this conference.

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# Professional Conference Request Application

Expense	Expected Cost

Calculate mileage

# miles

0

x

0.56

=

.00

Calculate meals

# days

0

x

40.00

=

.00

Calculate Substitute Cost

# 1/2

0

x

44.24

=

.00

#full

0

x

88.49

=

.00

Total sub

.00

Press + to add Expenses and trash can to Remove.

Total Expected Cost

.00

Itemized receipts are required for reimbursement. Upon return from the conference, please submit an accounts payable voucher, your approved copy of the Conference Request Application form and itemized receipts in order to be reimbursed. Payment will be made after the next regularly scheduled board meeting. The corporation will not reimburse for membership costs, tuition for credit expenses or alcohol.