



BEA REQUEST FOR PERSONAL BUSINESS LEAVE
(*Restricted Days ONLY)

Today's Date:

Name:
Dept. or Bldg:
Position:

Prior to requested leave date(s), how many of the following leave days have been/will be taken in the current school year? Personal Business: ____ Other: ____

My LEAVE is from: _____ *to:* _____

Restricted Reasoning: _____
(for example; first 5 days of school, extends Holiday/Break, more than 3 days, etc.)

Request Reasoning: _____

Employee's Signature

Supervisor's Signature
Acknowledgment of request ONLY (HR must approve)

FOR HUMAN RESOURCES USE (HR approval required 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.*