

This form works best when downloaded before completing.

BSCS FORM 4.1-20-4

Adopted: 11-20-90

Revised: 4-16-2007, 3-21-2022, 1-20-2025

BATESVILLE COMMUNITY SCHOOL CORPORATION
PAID/UNPAID LEAVE REQUEST FORM

Employee

Date Filed

PAID LEAVE REQUEST

TYPE OF LEAVE

_____ Personal Day

_____ Family Illness*

_____ Bereavement Leave

_____ Sick Leave*

_____ Funeral Leave

_____ Jury Leave

_____ Vacation

_____ Military Leave

_____ Professional _____

*Eligible employees may qualify for Family Medical Leave (FMLA). Contact the Superintendent's office to get information if applicable.

Date(s) of Leave _____ (if half-days are involved, indicate such)

For Family Illness, Bereavement, or Funeral Leave complete the following:

Name of Family Member

His/Her Relationship To You

For Jury Leave indicate the per diem allowance earned for each day: \$ _____

For Military Leave, include a copy of your military orders with this form if not previously submitted.

For Professional Leave, include a completed Request for Travel form if not previously submitted.

For Office Use:

_____ Approved _____ Not Approved - Reason Not Approved _____

Date: _____

Principal/Direct Supervisor _____

UNPAID LEAVE REQUEST

Reason for requesting unpaid leave _____

Date(s) of Leave _____ (if half-days are involved, indicate such)

Requests for **unpaid leave**, except in emergency situations should be made as early as possible prior to the leave. (A minimum of two (2) weeks is suggested.)

For Office Use:

_____ Approved _____ Not Approved - Reason Not Approved _____

Date: _____

Principal/Direct Supervisor _____

I certify that the days listed above were used for the purpose(s) indicated.

Signature of Employee