

BATESVILLE COMMUNITY SCHOOL CORPORATION
PAID/UNPAID LEAVE REQUEST FORM

Employee Date Filed

PAID LEAVE FORM

TYPE OF LEAVE

____ Personal Day _____ Family Illness* _____ Bereavement Leave
____ Sick Leave* _____ Funeral Leave _____ Jury Leave
____ Vacation _____ 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 list your relationship as follows:

Name of Family Member His/Her Relationship To You

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

____ Recommended ____ Not Recommended ____ Approved ____ Disapproved

Date: _____ Date: _____

Principal _____ Superintendent: _____

If Disapproved – Reason _____

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.)

____ Recommended ____ Not Recommended ____ Approved ____ Disapproved

Date: _____ Date: _____

Principal _____ Superintendent: _____

If Disapproved – Reason _____

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

Signature of Employee

[If an employee wants to voluntarily list a reason for this **paid leave** request this can be done on the reverse side of this form or attach such information.]