

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  
\_\_\_\_ 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.]