

**BERRIEN SPRINGS PUBLIC SCHOOLS  
LEAVE REQUEST**

**Directions:**

Employee completes Section I. The form is then submitted to your supervisor.

<b><u>SECTION I</u></b>	
Date of Notice: _____	Building _____
Employee Name: _____	Position: _____
Date(s) Requested: _____	
<b>TYPE OF LEAVE REQUESTED</b>	
_____ Vacation	_____ Non Duty Day
_____ Sick Day	_____ Personal Day
_____ Comp Time	_____ *Funeral Leave
Reason for Request (be specific): _____	

\_\_\_\_\_  
Employee Signature

<b>ACTION BY SUPERVISOR/CENTRAL OFFICE</b>	
	Date Received by Supervisor: _____
Supervisor:	Signature of Supervisor: _____
_____ Approved _____ Denied	
_____ Paid _____ Unpaid	
Central Office:	Date Received by Central Office: _____
_____ Approved _____ Denied	Signature Central Office: _____
Absence of AESOP: _____	Added to MiSuite: _____

\*must list relation to individual so that payroll know if this day is chargeable