

BEECHER COMMUNITY SCHOOL DISTRICT

Personnel Department *Employee Time-Off Request Form*

This form must be completed and signed by your Administrator before submission to the Personnel Department.
Please retain a copy for your records. Thank you!

Date:

School Year:

Name:

Position:

Building:

Type of Request (*Please Check Appropriate Box*):

Notes:

- Bereavement
- Compensation Time (Exc/Comp)
- Paid Time Off
- Personal
- Sick
- Vacation / Non-Duty

Day(s) Requested:

From:

Return Date:

Number of Days:

Required Signatures:

Employee

Date

Administrator (Principal or Director)

Date

Personnel Department Representative

Date

For Personnel Department Use Only:

Date: