

**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!

<b>Date:</b>		<b>School Year:</b>
<b>Name:</b>		
<b>Position:</b>		
<b>Building:</b>		
<b>Type of Request (Please Check Appropriate Box):</b>		<b>Notes:</b>
<input type="checkbox"/> Bereavement <input type="checkbox"/> Compensation Time (Exc/Comp) <input type="checkbox"/> Floating Holiday (BOP & CGMT) <input type="checkbox"/> Personal <input type="checkbox"/> Sick <input type="checkbox"/> Vacation / Non-Duty		
<b>Day(s) Requested:</b>		
<b>From:</b>	<b>Return Date:</b>	<b>Number of Days:</b>

**Required Signatures:**

_____	_____
<b>Employee</b>	<b>Date</b>
_____	_____
<b>Administrator (Principal or Director)</b>	<b>Date</b>
_____	_____
<b>Personnel Department Representative</b>	<b>Date</b>

<b>For Personnel Department Use Only:</b>	<b>Date:</b>