

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:
<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		
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: