



Belding Area Schools

The right size. The right choice.

SHORT TERM ABSENCE REQUEST & APPROVAL FORM

Fill out this form when you are requesting a leave of absence less than five days.

TO BE COMPLETED BY THE EMPLOYEE: Date: _____

Name: _____

Building: _____

Reason for Leave Request:

- _____ Personal Illness
- _____ Family Illness
- _____ Personal Business
- _____ Other

Date of Absence: _____

Employee Signature

LEAVE OF ABSENCE REQUEST APPROVED BY:

Signature of Employee's Supervisor

Date

