

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 II Family IIIn Personal B Other	ess
Date of Absence:	
	Employee Signature
LEAVE OF ABSENCE REQUEST APPROVE	D BY:
Signature of Employee's Supervi	sor Date

Belding Area Schools

850 Hall Street Belding, MI 48809 616.794.4700 www.bas-k12.org Superintendent

Brent R. Noskey

Mike Baker Terry Boni Sarah Foss Shannon Hummel

Board of Education

Keven Krieger Doug Lamborne Jennifer Lien

Home of the Black Knights