BASC
Brockport Auxiliary Service Corporation

Request for Leave

_____
Print Employee Name

Today's Date:_____

I request _____hours(s) leave, beginning _____at _____AM _____PM

I will report back to work on _____ at _____AM _____PM

Charge to: Vacation _____ Personal _____

PT Benefit _____ Earned Time _____

Substitutions: Only required if leave is exhausted

The following person has agreed to work my shift. The substitute employee understands that if they miss the shift they will be subject to BASC's Attendance Policy.

Substitute Employee Name: _____

Substitution: Approved _____ Disapproved _____

_____ _____
Supervisor Signature/Date Employee Signature/Date

Approved _____

Disapproved _____

_____ _____
Supervisor Signature/Date Employee Signature/Date

Leave of Absence Request

I request my leave to begin on _____ and end _____

Reason for leave *Medical* *Personal* *FMLA*
(must work 1,250 hours to qualify)

Employee Signature_____ Executive Director Signature_____

March 21, 2007