

# BARDSTOWN CITY SCHOOLS

## Request for Leave of Absence

### Absence Information

Employee Name: \_\_\_\_\_

Employee Number: \_\_\_\_\_ Department: \_\_\_\_\_

Manager: \_\_\_\_\_

Type of Absence Requested:

- Medical/self       Maternity/Paternity       Medical/family  
 Military       Other

Dates of Absence: From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Absence:

\_\_\_\_\_  
*Employee Signature*

\_\_\_\_\_  
*Date*

### Superintendent or Designee Approval

- Approved  
 Rejected

Comments:

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*