

BERKSHIRE BOARD OF EDUCATION

PERSONAL LEAVE REQUEST

(YELLOW PAPER)

NAME: _____

DATE: _____

POSITION: _____

BUILDING: _____

DATE:	TIME:	TIME:	TIME USED:
TOTAL TIME USED:			
TOTAL DAYS USED:			

must be completed by employee

As of _____, employee has
(date)

_____ personal days available

_____ days requested

_____ balance

Employee Signature: _____

Supervisor Signature: _____

Superintendent Signature: _____