



EASTPOINTE COMMUNITY SCHOOLS

Request For Time Off

School Year: _____ Union: _____

Date of Request: _____ Building _____

Name: _____ Position _____

I request personal business leave on the following date(s): _____

Explanation for Leave (required): Please attach any forms or notes if possible

Employee Signature _____

Current AESOP Balance: _____ Approved: Unapproved:

Building Administrator

Superintendent or Assistant Superintendent

1. Always refer to your Bargaining Contract on leaves, absences, & etc.
2. Complete the form (must include current AESOP balance)
3. Have your building supervisor sign the form
4. Scan form and email to wendy.orris@eastpointeschools.org
5. Human Resources will email a copy of the form with the decision.

Determination of Approval:

For Office Use Only
Days Available: _____ Yes _____ No