



Request for Taking Leave

Requirements and procedures for requesting and taking leave from the District are located on the Benefits web portal at <http://www.bvschoolsbenefits.com>. Complete this form, and forward via fax (913) 239-4157 or email to alwilson@bluevalleyk12.org.

Name: _____ BVID#: _____
Print

Contact Information (preferred method)

Phone #: _____ email: _____

Is your spouse a District Employee? Yes No

If yes, what is your spouse's name? _____

Reason for needing leave:

- Personal Health
- Care of a Family Member
- Military Leave
- Worker's Compensation
- Other: _____

Leave start date: ___/___/_____

How long do you anticipate being off? ____ days weeks

Your employment records will be reviewed to verify the type of leave for which you are qualified. You will be notified by email or phone regarding the status of your request.

Leave applications and supporting medical certification must be provided within 15 days of receipt. Non-responsiveness will result in the suspension of your leave.

Employee's Signature

Date