



REQUEST FOR DISCRETIONARY LEAVE

Note:

A written request for use of discretionary leave or personal leave must be submitted to the principal or immediate supervisor five days in advance of the anticipated absence. Please submit the original request with one copy.

Full Name: _____ **Last (4) Digits of Social Security #:** _____

Campus/Department: _____

Date(s) of Requested Leave: _____

Employee's Signature

Date

Supervisor's Signature

Date

Leave requests will be granted or denied in accordance with policy DEC.

Granted **Approved with loss of leave**

Approved with loss of _____ day(s) pay

Denied for the following reason(s): _____

Asst. Superintendent's Signature

Date

Schedule Limitations:

Discretionary leave shall not be allowed on the day of, before, or after any of the following: a school holiday, days scheduled for end-of-semester or end-of-year exams, days scheduled for state-mandated assessments, or professional or staff development days.

Any absences beyond available paid leave shall result in deductions from the employee's pay.