



CARROLLTON-FARMERS BRANCH ISD

**PERSONAL LEAVE REQUEST FORM**

**C-FB DISTRICT GUIDELINES FOR USE OF PERSONAL/DISCRETIONARY LEAVE**

**UP TO FOUR DAYS – FORM REMAINS ON CAMPUS**

- Shall be recorded in whole workdays or half workdays only. (A workday shall mean the number of hours per day associated with the employee's usual work assignment, whether full-time or part-time.)
- Shall **not** be used immediately preceding or following a school holiday, on the last day of a grading period, on staff development days, on teacher workdays, or state testing days, unless approved by the principal/supervisor.
- The effect of the employee’s absence on the educational program or department operations, availability of substitutes, and available leave days, will be considered by the principal/supervisor in approving the leave request.

**FIVE OR MORE CONSECUTIVE DAYS – SUBMIT REQUEST FORM TO PERSONNEL SERVICES**

- Employee must submit this signed written request form to his/her principal/supervisor **in advance** of the anticipated absence and the principal/supervisor must approve the written request **before** the leave may be taken.
- If the request is for five or consecutive days, the request must be approved by the principal/supervisor, and delivered to the Chief of Staff for final determination.
- **Leave may be approved and taken for more than five consecutive days; however, an employee will be docked at their daily rate for leave in excess of five consecutive days.**
- Unless it is an emergency, use of personal leave will not be approved unless the request is submitted to the principal/supervisor in advance of the anticipated absence.
- If the leave is not approved in advance, the employee will be docked full pay for the missed days unless an emergency exists.

I request that the following **date(s)** be approved as Personal/Discretionary Leave (If the leave exceeds five consecutive workdays, an employee will be docked at their daily rate for the additional days.)

DATE(S) REQUESTING: \_\_\_\_\_

Employee Name (Please Print) \_\_\_\_\_ Campus \_\_\_\_\_ Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

I can verify that I have the leave days available for this request \_\_\_\_\_  
Employee Signature \_\_\_\_\_

Principal/Supervisor  Approved Pending Days Available  Not Approved \_\_\_\_\_ Date \_\_\_\_\_

Chief of Staff  Approved Pending Days Available  Not Approved \_\_\_\_\_ Date \_\_\_\_\_