

Weslaco Independent School District

Human Resources Department

319 West 4th Street P.O. Box 266 Weslaco, TX 78599-0266



Dr. Richard Rivera Superintendent of Schools

STAFF MEMBER REQUEST

FOR LEAVING CENTRAL OFFICE, CAMPUS & DEPARTMENTS EARLY

I need to leave on:			at
	[DATE]		[TIME]
REASON FOR REQUEST			
Dr. Appt.	School	Emergency	Other (please specify)
For the Purpose:			
Signature of Staff Member:			
Campus/Department:			
Approved: YES	BY:	Principal/Adn	ninistrator!
NO	DATE:	[F1 IIICIPAI/ Auti	•
Leave of Absence Categories:			
Personal Leave – State (PLS	5)		
Personal Business (PB)			
Compensatory Time			
Documentation Supporting Leave is Attached			