

# PORT NECHES-GROVES INDEPENDENT SCHOOL DISTRICT REQUEST FOR DISCRETIONARY LEAVE

(Use this form to document any appeal for an exception to the provisions of DEC Local)

Name \_\_\_\_\_ Date \_\_\_\_\_

Campus \_\_\_\_\_ Position \_\_\_\_\_

Discretionary Personal Leave Date/s \_\_\_\_\_

*(DEC Local – Discretionary use of state personal leave shall not exceed three (3) consecutive workdays)*

SIGNATURE OF EMPLOYEE \_\_\_\_\_

SIGNATURE OF PRINCIPAL/SUPERVISOR \_\_\_\_\_

Principal/Supervisor:  Yes  No Will this employee's absence negatively impact or interfere  
with scheduled calendar events at your campus/department?  
 Yes  No Are you able to engage a substitute for the date(s) requested?

Reason Principal/Supervisor denied request for discretionary days:

\_\_\_\_\_  
\_\_\_\_\_

THIS REQUEST: Approved \_\_\_\_\_

NOT Approved \_\_\_\_\_

\_\_\_\_\_  
Signature of Deputy Superintendent

\_\_\_\_\_  
Date

Original to: Personnel	
Office	_____
Copies to: Campus	_____
Payroll	_____

Revised July 2023