

Pflugerville ISD
227904

COMPENSATION AND BENEFITS
LEAVES AND ABSENCES

DEC
(EXHIBIT)

EMERGENCY LEAVE – REQUEST FORM (OTHER THAN MEDICAL)

(Death, military employment, disaster resulting from natural causes or criminal activity)

Date: _____

Request # _____ for Academic Year _____

Attach PfISD Unexpected Emergency Leave Verification Form. Forward all copies to Kristin Baum, Leave Coordinator.

SCHOOL/LOCATION _____ ASSIGNMENT/POSITION _____

NAME _____
First Middle Last

ADDRESS _____
Street City State Zip

E NUMBER # _____ PHONE: _____

NUMBER OF DAYS REQUESTED FROM BANK _____ (3 days maximum, 1 day minimum)

REQUEST IS FOR ABSENCES RELATING TO:

- ☐ Self
- ☐ Spouse
- ☐ Son/daughter
- ☐ Parent

REASON FOR LEAVE REQUEST: _____

VERIFICATION OF DATES OF ABSENCE(S) FOR WHICH LEAVE IS REQUESTED: _____

EMPLOYEE'S SIGNATURE: _____ Date: _____

SIGNATURE OF IMMEDIATE SUPERVISOR: _____ Date: _____

EMERGENCY LEAVE OFFICIAL (OFFICE USE ONLY)

Request Approved: Yes _____ No _____ Signature: _____ Date: _____

Pflugerville ISD
227904

COMPENSATION AND BENEFITS
LEAVES AND ABSENCES

DEC
(EXHIBIT)

UNEXPECTED EMERGENCY LEAVE – VERIFICATION

Employee Information

NAME _____
First Middle Last

ADDRESS _____
Street City State Zip

I authorize the release of this information to Pflugerville ISD for consideration of requested leaves.

Employee Signature: _____

Date: _____

TO BE COMPLETED BY VERIFYING OFFICIAL

Emergency Circumstance for Leave: _____

OFFICIAL'S NAME and TITLE (Please Print)

OFFICIAL'S SIGNATURE

ORGANIZATION/COMPANY NAME TELEPHONE NUMBER

ADDRESS _____
Street City State Zip

DATE _____