



PERSONAL LEAVE REQUEST FORM
DISTRICT GUIDELINES FOR USE OF PERSONAL/DISCRETIONARY LEAVE
LESS THAN FIVE 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 HUMAN RESOURCES

- 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 Assistant Superintendent of Human Resources 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
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☐ I can verify that I have the leave days available for this request _____
Employee Signature

Principal/Supervisor	☐ Approved Pending Days Available	☐ Not Approved	Date
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Assistant Superintendent of Human Resources	☐ Approved Pending Days Available	☐ Not Approved	Date
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