



# DONNA INDEPENDENT SCHOOL DISTRICT

## Request for Assault Leave

Name (Official Name): \_\_\_\_\_ Employee ID: \_\_\_\_\_

Position: \_\_\_\_\_

Campus/Department: \_\_\_\_\_

Date of Assault: \_\_\_\_\_

Reason for Request (Please indicate details of assault):

**I acknowledge that making a false or fraudulent statement(s) is a crime and may result in termination, fines and/or imprisonment. – Employee Initial: \_\_\_\_\_**

Signature of Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Immediate Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

**Initial Committee Review:**                       APPROVED                       DENIED

Signature of Committee Members:

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

Date: \_\_\_\_\_  
Date: \_\_\_\_\_  
Date: \_\_\_\_\_

**Follow-up Committee Review**

Signature of Committee Members:

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

Date: \_\_\_\_\_  
Date: \_\_\_\_\_  
Date: \_\_\_\_\_

**Cleared to Return Date:** \_\_\_\_\_

**Placement – Pending Final Approval**

Signature of HR Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

**Final Approval:**

APPROVED                       DENIED

Signature of Superintendent: \_\_\_\_\_ Date: \_\_\_\_\_

***This form is to be filled out by the employee at the Human Resources office and forwarded to the Benefits and Risk Management Department. Assault leave requests are subject to review by the Donna Independent School District per Policy DEC [Local] & DEC [Legal]***