

COMPENSATION AND BENEFITS  
LEAVES AND ABSENCE

DEC  
(EXHIBIT)D

ECTOR COUNTY INDEPENDENT SCHOOL DISTRICT  
APPLICATION FOR SPECIAL LEAVE OF ABSENCE

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Employee Number \_\_\_\_\_ Beginning Date of Employment \_\_\_\_\_

Campus/Department \_\_\_\_\_ Position \_\_\_\_\_

Requested Begin Leave Date \_\_\_\_\_ Requested End Leave Date \_\_\_\_\_

Please state the nature of the leave and purposes for which leave is requested (may attach additional information sheet if needed).

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

**Note: This type of leave can only be considered if the employee has five consecutive years of service with ECISD. In addition, this type of leave will be granted for no more than one year. By March 1 of the year of the leave, the employee must state in writing his/her intention to return to ECISD. The statement must be sent by certified mail with a return receipt requested to the appropriate Human Resources Director.**

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

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*For use by the ECISD:*

\_\_\_\_\_ Approved

\_\_\_\_\_ Not approved

\_\_\_\_\_ Other \_\_\_\_\_

Signatures of Committee Members and Date

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. (optional) \_\_\_\_\_
5. (optional) \_\_\_\_\_