Scappoose School District 1J

DISCRETIONARY LEAVE REQUEST

Please email this form to hr@scappoose.k12.or.us. It is a fillable PDF. Thank you!*
* You will need the free version of Adobe Reader DC to view and fill in PDFs.

Name: _____ Job Assignment: _____

Your role: ☐ Certified ☐ Classified ☐ Other

Building: _____

Date(s) requested: _____ ☐ Full day ☐ Half day
_____ ☐ Full day ☐ Half day
_____ ☐ Full day ☐ Half day

Once approved, please enter your absences in Frontline-AESOP.

If an emergency, please describe circumstances in detail: _____

_____

(Note: If needed, additional information may be requested from you)

_____
Employee Signature

☐ Approved: ☐ Disapproved

Signature:

_____
Superintendent or Designee

Reason if disapproved: _____

Received at District Office:

Date

A copy of the signed form will be emailed to you after processing.

Created 6/22/16; revised 7/21/21