



PROFESSIONAL LEAVE APPLICATION FORM

DEC (REGULATION)

Professional leave without pay may be granted if the activity is for advanced degrees, research, or other educational purpose and the activity is in the best interest of the District. Additional leave may be granted by the Benefits Review Committee (BRC). Requests must be submitted to the BRC. The leave may be granted for up to one year. Leave requests will not be granted for full-time employment elsewhere.

Employee Name: 	Employee ID: 	Personal Phone Number:
Personal Email: 		
Employee's Home Street Address: 		
City: 	State: 	Zip:
Leave Request: (e.g. MM/DD/YYYY) Start Date: End Date: 		
Please state the purpose of this leave request in the space below. The reason must meet the Professional Leave Guidelines, per DEC (REGULATION). You may attach an additional page if you feel you need more space.		
Pay Election: I acknowledge by signing this request form that if my leave is approved, I must use PTO for absent days or docked when PTO is exhausted.		
EMPLOYEE'S SIGNATURE _____ DATE: (e.g. MM/DD/YYYY) _____ (required signature)		
SUPERVISOR'S SIGNATURE _____ DATE: (e.g. MM/DD/YYYY) _____ (required signature)		
EXECUTIVE DIRECTOR'S SIGNATURE _____ DATE: (e.g. MM/DD/YYYY) _____ (required signature)		
HUMAN CAPITAL MANAGEMENT ADMINISTRATION ONLY DECISION: APPROVE _____ DENY _____ PENDING _____ DATE (e.g. MM/DD/YYYY) _____		

Please Email to: benefitsleaves@dallasisd.org

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