

FARWELL INDEPENDENT SCHOOL DISTRICT

REQUEST FOR DISCRETIONARY LEAVE

***Note:** A written request for use of discretionary leave or personal leave should be submitted to the principal or immediate supervisor three (3) working days in advance of the anticipated absence.*

Name _____ Job Title _____

Campus/Department _____

Date(s) of requested leave _____

Employee's signature _____ Date _____

Leave requests shall be granted or denied in accordance with DEC (Legal) and (Local).

_____ Granted

_____ Denied for the following reasons

Supervisor's signature _____ Date _____

***Note:** A copy of this form, with approval, must be forwarded to the business office when the leave is taken.*