

Nixon-Smiley CISD
DISCRETIONARY LEAVE REQUEST

STATE & LOCAL PERSONAL LEAVE: As per Board policy DEC (LOCAL), the Board requires employees to differentiate between uses of personal leave.

NON-DISCRETIONARY PERSONAL LEAVE and LOCAL SICK LEAVE (do not use this form) shall be used for the following purposes consistent state sick leave accumulated prior to May 30, 1995:

1. Illness of the employee.
2. Illness of a member of the employee's immediate family.
3. Family emergency (disasters & life-threatening).
4. Death in the employee's immediate family.

DISCRETIONARY PERSONAL LEAVE can be taken at the individual employee's discretion, subject to the limitations in Board policy and the administrative guidelines listed below:

1. A written request for discretionary personal leave shall be submitted to the requestor's supervisor (director, principal, superintendent) at least three days in advance of the anticipated absence. Failure to do so will result in denial of leave except in extreme circumstances.
2. Discretionary leave may not be taken for more than three consecutive days. If additional leave is required, employees should refer to Board policy DEC (Legal and Local) for other options.
3. Discretionary leave shall not be allowed on days scheduled for end-of-semester or end-of-year exams, days scheduled for state-mandated test, or professional development days.
4. In deciding to approve personal leave, the supervisor shall consider the effect of the employee's absence on the educational program as well as the availability of substitutes.
5. Excessive absences can be a reason to propose nonrenewal of a contract (DFBB Local)
6. Use of discretionary personal leave shall be considered granted unless the principal or designee notifies the employee to the contrary within 24 hours of receipt of the request.

Employees should refer to Board policy DEC (LEGAL & LOCAL) to determine appropriate leave for each situation and based on available types of leave available for the individual.

Name: _____ Campus or Dept: _____

Dates of Requested Leave: _____ Duration: _____ ½ Day(s)
_____ Whole Days

Today's Date: _____ Signature(not required if
submitted electronically): _____

Date Received: _____

☐

Approved

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Disapproved

Reason: _____

Administrator/Supervisor Signature: _____

Superintendent or HR: _____

Return copy to supervisor and employee. After absence, employee needs to fill out "Absence from Duty."