

SABINE ISD
REQUEST FOR VACATION, DISCRETIONARY PERSONAL LEAVE,
COMP TIME, OR OTHER LEAVE

- * Request Forms should be completed by the employee and submitted to the employee's principal, director, or other supervisor for approval.

- * All Requests will be considered for approval based upon criteria listed in Sabine ISD Board Policies DEC (Legal) and DEC (Local). Special attention should be given to policies governing use of Discretionary Personal Leave.

- * Other Leave includes Family Medical Leave, Military Leave, Unpaid Leave, or any other leave described in Board Policy.

(Employee Name)

(Campus/Department)

(Date/Dates of Expected Absence)

(Date Submitted)

I hereby request that I be approved for the following:

_____ Day(s) of Vacation

_____ Day(s) of Discretionary Personal Leave

_____ Day(s) of Comp Time

_____ Day(s) of Other Leave

Signature of Employee

Signature of Supervisor