

**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 \_\_\_\_\_