

# NACOGDOCHES INDEPENDENT SCHOOL DISTRICT

## Request for Personal Leave

NOTE: It is **imperative** that all NISD employees properly report all absences in the Substitute System (Absence Reporting System) BEFORE submitting this form to the Human Resources Office.

|  |                                 |
|--|---------------------------------|
| <b>NAME</b>  | <b>Campus or other worksite</b> |
| Total day(s) needed _____ Beginning Date: _____ Ending Date: _____ |                                 |

Requests of leave shall be granted in accordance with DEC (LEGAL) and (LOCAL). In granting Discretionary Leave, NISD considers the effect of the absence on the educational program or District operations, as well as the availability of substitutes.

Due to the impact on the educational program and District operations, and due to the difficulty in obtaining substitutes, absences on the following days are restricted.

**Restricted Days:**

1. The first or last day of instruction.
2. The day immediately preceding or the day immediately following a school holiday.
3. Any days scheduled for end-of-semester or end-of-year exams.
4. Days scheduled for the administration of STAAR/EOC tests.
5. Required professional or staff development days.

In accordance with Policy DEC (LOCAL), any unapproved absences will result in the deduction of the employee's daily rate of pay for each day taken.

|                                    |                   |                   |
|------------------------------------|-------------------|-------------------|
| Signature of Person Making Request | Date Request Made | Job # (Absence #) |
|------------------------------------|-------------------|-------------------|

|                          |                          |                               |               |
|--------------------------|--------------------------|-------------------------------|---------------|
| <b>Approved</b>          | <b>Unapproved</b>        |                               |               |
| <input type="checkbox"/> | <input type="checkbox"/> | Principal or Supervisor       | Date Approved |
| <input type="checkbox"/> | <input type="checkbox"/> | Superintendent/Director of HR | Date Approved |

Comments: