



Revised: 08/06/2024

DONNA INDEPENDENT SCHOOLDISTRICT

Request for Personal Leave

Name (Official Name): _____

Employee ID: _____ Position: _____

Campus/Department: _____ Total Days Being Requested: _____

Dates Being Requested: _____

Reason for Request:

Signature of Employee: _____ Date: _____

☐ **APPROVED** ☐ **DENIED** (At the Campus/Department Level)

Signature of Immediate Supervisor: _____ Date: _____

For Office Use Only!

Signature of HR Administrator: _____ Date: _____

☐ **APPROVED** ☐ **DENIED**

Signature of Superintendent: _____ Date: _____

Donna ISD Board Policy DEC (Local)

Limitations: In order to preserve the continuity of the instructional program, the District calls attention to the importance of attendance of campus-based (if applicable) and instructionally related personnel on the days listed below. The use of discretionary days by any employee in a manner that negatively impacts the students or mission of the District may be addressed through the District's disciplinary procedures:

1. On the first five or last five teaching days of each school year;
2. On the day before or after an extended break consisting of three or more consecutive days (excluding weekends);
3. On days scheduled for end of semester or end-of-year exams;
4. The week prior to state-mandated assessments;
5. The week during state-mandated assessments; and
6. On assigned professional or staff development days.

Duration of Leave: Discretionary use of state personal leave **shall not exceed three consecutive workdays.**