



DONNA INDEPENDENT SCHOOL DISTRICT

Request for Assault Leave

Name (Official Name): _____ Employee ID: _____

Position: _____

Campus/Department: _____

Date of Assault: _____

Reason for Request (Please indicate details of assault):

I acknowledge that making a false or fraudulent statement(s) is a crime and may result in termination, fines and/or imprisonment. – Employee Initial: _____

Signature of Employee: _____ Date: _____

Signature of Immediate Supervisor: _____ Date: _____

Initial Committee Review: APPROVED DENIED

Signature of Committee Members:

Date: _____
Date: _____
Date: _____

Follow-up Committee Review

Signature of Committee Members:

Date: _____
Date: _____
Date: _____

Cleared to Return Date: _____

Placement – Pending Final Approval

Signature of HR Administrator: _____ Date: _____

Signature of Deputy Superintendent: _____ Date: _____

Final Approval:

APPROVED DENIED

Signature of Superintendent: _____ Date: _____

This form is to be filled out by the employee at the Human Resources office and forwarded to the Benefits and Risk Management Department. Assault leave requests are subject to review by the Donna Independent School District per Policy DEC [Local] & DEC [Legal]