



DONNA INDEPENDENT SCHOOLDISTRICT

Request for Extended Leave

Professional Employee

Medical certification of illness or injury MUST be attached to this request.

Name (Official Name): _____ Employee ID: _____
Campus/Department: _____ Position: _____

Donna ISD Board Policy DEC (Local)

After all available paid leave days and any applicable compensatory time have been exhausted, a professional employee shall be granted in a school year a maximum of 20 leave days of extended sick leave to be used only for the employee’s own personal illness or injury, including pregnancy-related illness or injury.

I would like to request _____ days (Maximum of 20 days) of Extended Sick Leave to be used for:

I have the following sick days available:

_____ Local Days _____ State Personal Days _____ State Sick Days

Approximate Date of Leave: _____ **Approximate Date of Return:** _____

I understand that the District shall deduct the average daily rate of pay of a substitute for the employee’s position for each day of extended sick leave taken, whether or not a substitute is employed.

Signature of Employee: _____ Date: _____

Campus/Department: _____ Position: _____

Signature of Immediate Supervisor: _____ Date: _____

For HR Office Use Only!

Signature of HR Administrator: _____ Date: _____

Signature of Deputy Superintendent: _____ Date: _____

Final Approval: APPROVED DENIED

Signature of Superintendent: _____ Date: _____