

PORT NECHES-GROVES INDEPENDENT SCHOOL DISTRICT REQUEST FOR DISCRETIONARY LEAVE

(Use this form to document any appeal for an exception to the provisions of DEC Local)

Name _____ Date _____

Campus _____ Position _____

Discretionary Personal Leave Date/s _____

SIGNATURE OF EMPLOYEE _____

AGREEMENT: By typing my name above, I agree that this will become my electronic signature and is the legally binding equivalent to my handwritten signature. Whenever I execute an electronic signature, it has the same validity and meaning as my handwritten signature. I will not, at any time in the future, repudiate the meaning of my electronic signature or claim that my electronic signature is not legally binding.

SIGNATURE OF PRINCIPAL/SUPERVISOR _____

AGREEMENT: By typing my name above, I agree that this will become my electronic signature and is the legally binding equivalent to my handwritten signature. Whenever I execute an electronic signature, it has the same validity and meaning as my handwritten signature. I will not, at any time in the future, repudiate the meaning of my electronic signature or claim that my electronic signature is not legally binding.

Please select Yes or No for both questions.

Principal/Supervisor: Yes No **Will this employee's absence negatively impact or interfere with scheduled calendar events at your campus/department?**
 Yes No **Are you able to engage a substitute for the date(s) requested?**

Reason Principal/Supervisor denied request for discretionary days:

THIS REQUEST: Approved _____

NOT Approved _____

Signature of Assistant Superintendent

Date

Original to: Personnel Office _____
Copies to: Campus _____
Payroll _____