

**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 _____

SIGNATURE OF PRINCIPAL/SUPERVISOR _____

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	_____