

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.

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 Deputy Superintendent

Date

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