



Wharton Independent School District Request for Leave

SIDE 1

Request for State Discretionary Leave / Personal Leave (Personal Business)

Directions: Employee completes this request and submits to supervisor at least **five (5)** school days prior to date of absence.

Note: Discretionary Leave requires prior approval from a principal or supervisor. Discretionary Leave requests will not be granted the day before or after a holiday, unless approved by a principal or supervisor. A principal or supervisor may waive the 5 day advanced request requirement in emergency circumstances.

Employee Name: _____ Date of Request: _____

I am requesting the following day(s) off for Discretionary Leave (STATE): _____

Please answer the following: (Circle One)

Is this request submitted at least 5 school days prior to the date of absence? Yes No

Does the date of absence fall the day before or after a holiday? Yes No

Employee Signature Date

This request is Approved Not Approved

Supervisor Signature Date

OR

Request for All Other Leave (Non-Discretionary) (Illness, Medical Appt., Funeral, School Business, etc.)

Directions: Employee completes this request and submits to supervisor.

Employee Name: _____ Date of Request: _____

I am requesting the following day(s) off for Non-Discretionary Leave: _____

Reason (circle one): Illness Medical Appt. Funeral Jury Duty School Business

Employee Signature Date

This request is Approved Not Approved

Supervisor Signature Date

All employees must complete SIDE 2 immediately upon returning from any absence.

Absence from Duty Report

(REQUIRED FOR ALL EMPLOYEE ABSENCES)

SIDE 2

Directions: All employees must complete and submit this Absence from Duty Report on the first day back at work after any and all absences.

- **Discretionary Leave:** All use of Discretionary Leave (*Personal Business*) requires prior approval from a principal or supervisor. Discretionary Leave requests will not be granted the day before or after a holiday, unless approved by a principal or supervisor. Discretionary Leave requests must be submitted using *Side 1* of this form no less than five (5) school days prior to the date of absence. A principal or supervisor may waive the 5 day advanced request requirement in emergency circumstances.
- **Other Types of Leave:** When using Non-Discretionary Leave, employees are expected to request days off in advance when at all possible.
- Absences of 3 or more consecutive days for personal or family illness must have a written statement from a health care practitioner attached. **Employees absent without leave must have prior approval from their principal or supervisor.**
- Leave requests will be granted and recorded in accordance with board policy DEC unless employee indicates a different order below **within one day of return from absence**. **Leave accounting will not be changed after this form is submitted.**

Name	Position	
Department/Campus	Wharton Independent School District	
Reason for Absence	Date(s) of Absence	Choose Full Day or Half Day
<input type="checkbox"/> Personal illness or medical appointment Circle one: STATE / LOCAL Is illness or injury work-related? <input type="checkbox"/> Yes <input type="checkbox"/> No		Full / Half
<input type="checkbox"/> Family illness or medical appointment Circle one: STATE / LOCAL Specify relationship:		Full / Half
<input type="checkbox"/> Death of family member Circle one: STATE / LOCAL Note: If attending a funeral of a non-family member, use Discretionary Leave.		Full / Half
<input type="checkbox"/> Jury duty or subpoena (attach documents)		Full / Half
<input type="checkbox"/> Discretionary Leave / Personal Leave / Personal Business Note: State Discretionary Leave Days Used		Full / Half
<input type="checkbox"/> FMLA [Requires approval from HR Department]		
<input type="checkbox"/> School Business (Staff Development / UIL /Athletics, etc.)		Full / Half
<input type="checkbox"/> Other		
Employee Signature	Date	
To be completed by campus secretary or supervisor. <input type="checkbox"/> This information has been updated on the Principal's / Supervisor's Report and this form is attached.		
Note: All employee absences must be documented on this form, signed, and returned on the first day back at work.		