## **DESOTO ISD**

Leave Request / ABSENCE FROM DUTY Report
[For more information on Employee Leave, see the DeSoto ISD Employee Handbook and Board Policies DEC, DECA, DECB and DECD]

Leave requests will be granted and recorded in accordance with board policy DEC.

Name:	Position	
Department/Campus	Date Request Submitted to Supervisor:	
Reason for Absence	Date(s) of Absence	Total Hours Absent
☐ Personal: illness or medical appointment		
[Is the illness or injury work-related? ☐ Yes ☐ No]		
☐ Family: death, illness, or medical appointment in family <i>Specify</i> relationship:		
☐ Personal Business		
□ Vacation (No vacation days will be granted from July 31 - Sept. 29, 2017. Otherwise, vacation may be taken throughout the school year with supervisor's prior approval)		
FMLA, Temporary Disability, Military, or other Covered Leave (Supervisor should note the expected absence dates and transmit this form to HR. Employee will be required to submit additional forms to HR before the absence will be designated as approved "covered" leave. DEC Local)  Identify Type of Leave Requested:  FMLA		
☐ School Business		
☐ Jury duty or Subpoena (attach documents)		
☐ Religious Observance		
☐ Other <i>Explain</i> :		
Employee Signature	Date	•
Principal/Supervisor Signature	Date	
Leave Status: ☐ Approved ☐ Disapproved		
For HR Office Use Only: Category and amount of leave recorded:  □ State personal leave hours □ Local leave hours □ Temporary disability days □ FMLA □ Other  Covered Leave eligibility Notice provided to employee on:		