



DONNA INDEPENDENT SCHOOL DISTRICT

Request for Assault Leave

NAME (*Official Name*): _____

EMPLOYEE ID: _____

CAMPUS/DEPARTMENT: _____

POSITION: _____

DATE OF ASSAULT: _____

REASON FOR REQUEST (*Please indicate details of assault*):

I acknowledge that making a false or fraudulent statement(s) is a crime and may result in termination, fines and/or imprisonment. – Employee Initial: _____

Signature of Employee: _____ Date: _____

Signature of Immediate Supervisor: _____ Date: _____

Placement – Pending Approval

Signature of H.R. Administrator: _____ Date: _____

Final Approval

Signature of Superintendent: _____ Date: _____

APPROVED:

DENIED:

This form is to be filled out by the employee at the Human Resources office and forwarded to the Safety and Risk Management Department. Assault leave requests are subject to review by the Donna Independent School District per Policy DEC [Local] & DEC [Legal]