



DONNA INDEPENDENT SCHOOL DISTRICT Request for Personal Leave

NAME (Official Name): _____

Employee ID: _____

CAMPUS / DEPARTMENT: _____

POSITION: _____

DATES BEING REQUESTED: _____

TOTAL DAYS BEING REQUESTED: _____

REASON FOR REQUEST (Optional): _____

Signature of Employee: _____ Date: _____

Signature of Immediate Supervisor: _____ Date: _____

APPROVED: DENIED: (At the Campus/Department Level!)

For Office Use Only!

Signature of HR Administrator : _____ Date: _____

Signature of Superintendent: _____ Date: _____

APPROVED: DENIED:

If employee is requesting more than two (2) consecutive days, please forward a signed copy to the Human Resources Office to begin process for FINAL approval.