



SAN ANTONIO INDEPENDENT SCHOOL DISTRICT

REQUEST FOR LEAVE FORM

To determine if an employee meets the requirements for a leave, in accordance with DEC (LOCAL), and DEC Administrative Procedures, an employee must submit a "Request for Leave Form" to the Total Rewards Department for any of the following conditions:

1. Personal Illness or Illness in the employee's immediate family
2. Military (Short or Long Term)
3. Professional Development Leave
4. Other Leave of Absence

I hereby apply for: ☐ Leave of Absence ☐ Intermittent Leave of Absence

_____ and ending on _____
 Month Day Year Month Day Year

I have indicated below the type of leave requested:

<p>1. <input type="checkbox"/> Health/Disability:</p> <p><input type="checkbox"/> Pregnancy - Due Date _____</p> <p><input type="checkbox"/> Personal Illness</p> <p><input type="checkbox"/> Immediate Family Member</p>	<p>2. <input type="checkbox"/> Military:</p> <p>Reporting Date: _____</p> <p>Expected Date of Release: _____</p> <p>(Military Orders Required)</p>
<p>3. <input type="checkbox"/> Professional Development Leave</p> <p>College/University Name: _____</p> <p>(Course Schedule or Transcript Required)</p>	<p>4. <input type="checkbox"/> Other Leave of Absence:</p> <p>Describe: _____</p>

I have read and understand the rules in policy and administrative procedures governing a leave of absence. My request is made in accordance with such rules.

Employee ID: _____ Employee Name (Printed) _____ Employee Signature: _____ Date: _____

Campus: _____ Job Title/Assignment: _____ Phone Number _____

Home Address / Apt No / City / State / Zip _____