

SAN ANTONIO INDEPENDENT SCHOOL DISTRICT

REQUEST FOR LEAVE FORM

In order 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 Employee Benefits, Risk Management, and Safety 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

A leave of absence automatically expires on the date indicated on the approved application or when the employee accepts other employment.

Month	Day	Year	Month	Day	Year
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I have indicated below the type of leave requested.

LEAVES OF ABSENCE

Please check the type of leave of absence and supply the information requested.

1. HEALTH/DISABILITY/PREGNANCY* *Probable delivery date: Personal Illness: Immediate Family Illness: (Medical Certification Required)	2. MILITARY Reporting Date: Expected Date of Release: (Military Orders Required)
3. PROFESSIONAL DEVELOPMENT LEAVE	4. OTHER

College/University _____ (Course schedule or Transcript Required)

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.

Signature of Employee	Campus/Dept. Name	Job Assignment	Date
Employee ID No.	Phone Number	Home Address/ Apt. No. / City / State / Zip Code	

SIGNATURE OF EMPLOYEE

CAMPUS/DEPARTMENT NAME

JOB ASSIGNMENT

EMPLOYEE I.D. NO.

HOME ADDRESS /APT. NO. /ZIP CODE

ACKNOWLEDGEMENT OF RECEIPT OF APPLICATION

EMPLOYEE BENEFITS, RISK MANAGEMENT, & SAFETY REPRESENTATIVE

San Antonio Independent School District does not discriminate on the basis of race, religion, color, national origin, gender, or disability in providing education services, activities, and programs, including vocational programs, in accordance with Title VI of the Civil Rights Act of 1964, as amended; Title IX of the Educational Amendments of 1972; Section 504 of the Rehabilitation Act of 1973, as amended.

Updated April 2020

FORM D07-A

DATE