

**Aransas Pass Independent School District
Request For Discretionary Personal Leave**

Name: (PRINT) _____

Campus: (check one)

Job Title: _____

- APHS** _____
- ACBMS** _____
- CME** _____
- KIEBERGER** _____
- FAULK** _____
- Walter Noble** _____
- Other:** _____

Date(s) requesting leave: _____

Employee's Signature: _____ Date: _____

Granted: _____ **Denied:** _____

(If Personal Leave is available.)

Reason(s) for denial: _____

Principal / Supervisor
Signature: _____ **Date:** _____

Note: A copy of this form, with approval, must be attached to the Absence from Duty Form when leave is taken.

*A written request for use of discretionary leave or personal leave must be submitted to the principal / or immediate supervisor **three (3) days** in advance of the anticipated absence, in accordance with DEC(LOCAL). Discretionary personal leave shall be granted on a first-come, first-served basis, with a maximum of **10%** of campus employees in each category permitted to be absent at the same time for discretionary personal leave. Use of discretionary personal leave shall be considered granted unless the principal or immediate supervisor notifies the employee to the contrary **within 24 hours** of the requested absence.*

Discretionary leave shall not be allowed in the following circumstances:

- *The day before a school holiday*
- *The day after a school holiday*
- *Days scheduled for end-of-semester or end-of-year exams*
- *Professional or staff development days*

*Discretionary personal leave may not be taken for more than **three (3) consecutive days** except in extenuating circumstances as determined by the **Superintendent**.*