

**COMPENSATION AND BENEFITS  
LEAVES AND ABSENCES**

**DEC  
(EXHIBIT)**

See the following pages for forms providing documentation related to leaves and absences:

Exhibit A: District Leave of Absence Request Form

Exhibit B: Discretionary Leave of Absence Form



San Felipe Del Rio Consolidated Independent School District

**Leave of Absence Request Form**

Leave requests will be granted in accordance with Board Policy DEC

Absence of more than 5 consecutive work days for personal or family illness must have written medical verification from a health care practitioner. A completed medical verification form must be submitted to the Leave Of Absence Designee with the Human Resources Office.

Name:	Position:
Address:	Department/Campus:
Contact Number: _____ 2nd Contact Number: _____	Supervisor:
Social Security Number:	Date of Anticipated Return:
Last Working Day: _____ First Day Absent: _____	Notes:
<b>Reason for Requested Leave</b>	<b>Physician Statement Provided:</b> <input type="checkbox"/> yes <input type="checkbox"/> no
a. ____ Personal <b>serious</b> health condition W/C related: <input type="checkbox"/> yes <input type="checkbox"/> no	d. ____ Temporary Disability Leave
	e. ____ Intermittent Leave
b. ____ Family illness/emergency/death <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent	f. ____ Assault Leave
	g. ____ Non-Discretionary Leave
c. ____ Leave to care for a newborn child or placement of a child (adoption or foster care)	h. ____ Baby Bonding
	Expected Due Date:
I hereby certify that I have read the Leave of Absence and Medical Insurance Procedures and I will comply with all regulations as set forth by Board Policy DEC.	
I have discussed the following with the Human Resources Department: <input type="checkbox"/> Health Insurance <input type="checkbox"/> COBRA Benefits <input type="checkbox"/> FML <input type="checkbox"/> W/C	
Employee's Signature: _____ Date: _____	
<b>Employee's seeking to return to work after a Leave of Absence due to the birth of their child or own serious illness, must provide a medical certification to perform job duties without restrictions before they are allowed to resume work. I understand that I may not be permitted to resume my position with the District until I provide a medical certification, as appropriate.</b>	
_____ Employee's Signature	_____ Date

I am aware that he/she is requesting a Leave of Absence.

\_\_\_\_\_  
Supervisor/Principal Signature Date  I Agree  I Disagree

FOR OFFICE USE ONLY TO ESTABLISH FMLA	
Date notice was provided to employee: _____	Number of hours worked: _____
Date of Hire: _____	FML: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
*FML Coverage Date Begins: _____	*FML Coverage Date Ends: _____

DISCRETIONARY LEAVE of ABSENCE

A discretionary leave of absence is not related to a leave that qualifies under the Family and Medical Leave Act (FMLA)

*Leave requests will be granted in accordance with Board Policy DEC*

Discretionary leave (**non-medical**) must meet the following criteria:

- Discretionary leave shall not be allowed on the day before a school holiday, the day after a school holiday, days scheduled for end-of-semester or end-of-year exams, days scheduled for state-mandated tests or professional or staff development days except in extenuating circumstances as determined by the Superintendent or designee.
- Discretionary leave **may not be taken for more than five consecutive days** except in **extenuating circumstances** as determined by the Superintendent or designee.
- Part II must be completed prior to submission to the Office of Human Resources.

Part I - To be completed by employee:

Name: \_\_\_\_\_ Social Security # \_\_\_\_\_

Days requested for non-medical discretionary leave:

**Dates:** From \_\_\_\_\_ to \_\_\_\_\_

**Extenuating circumstance:**

Reason for leave must be fully explained. Please do not write "personal reasons".

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*Employee Signature* \_\_\_\_\_ *Campus* \_\_\_\_\_ *Date* \_\_\_\_\_

Part II – To be completed by Principal/supervisor (Check one)

\_\_\_\_ I have verified that the employee has made adequate preparation so that job responsibilities related to his/her position are covered during his/her absence. In the case of teachers, instructions and lessons for substitutes, grades, (if due) and all other related materials will be available.

\_\_\_\_ I do not recommend approval of leave request because (explain below)

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*Principal /Supervisor Signature*

*Date*

Part III – To be completed by Human Resources

\_\_\_\_ Discretionary leave as requested is granted.

\_\_\_\_ Discretionary leave as requested above is denied.

*Superintendent's Signature*

*Date*