

LAMPASAS INDEPENDENT SCHOOL DISTRICT

EMPLOYEE REQUEST FOR LEAVE

Policy DEC (LOCAL)

* ***MORE THAN 5 CONSECUTIVE DAYS OF ABSENCE REQUIRES A REQUEST FOR LEAVE***

Employee

Type or print

Please return this form to your Principal or Director

1. Name of employee (First Name, Middle, Last Name)	2. Employee's position
3. Campus	
4. Reason for requested leave	
5. Date on which you wish to commence leave	6. Date of anticipated return to work
<div style="display: flex; justify-content: space-between;"> <div>_____ Employee signature</div> <div>_____ Date</div> </div>	

Principal / Director

<input type="radio"/> Leave Approved <input type="radio"/> Leave Denied	
_____ Principal / Director Approval	_____ Date
Comments	
Submit Completed Form to Barby Roberts @ robertsb@lisdtx.org	

Finance

<input type="radio"/> Leave Approved <input type="radio"/> Leave Denied	
_____ CFO Approval	_____ Date
Comments	

For expected birth or planned medical treatment, employee shall give at least 30 days notice. If not planned, employee shall notify as soon as the need becomes known. If no request has been made by employee, Principal/Director shall submit a request on the 5th consecutive day of absence.