

DILLEY INDEPENDENT SCHOOL DISTRICT
NOTICE OF REQUEST FOR DISCRETIONARY PERSONAL LEAVE
OR
REQUEST DUE TO EXTENUATING CIRCUMSTANCES
(BEYOND 5 CONTINUOUS DAYS)

NAME: _____ WORKPLACE: _____

POSITION: _____

DATE OF SUBMITTED REQUEST: _____

DATES REQUESTED FOR ABSENCE: _____

SIGNATURE OF PERSON MAKING REQUEST: _____

SIGNATURE OF PRINCIPAL/DESIGNEE: _____

SIGNATURE OF SUPERINTENDENT (ONLY
IN THE EVENT OF ABSENCE DUE TO EX-
TENUATING CIRCUMSTANCES) _____