



**DISCRETIONARY LEAVE APPROVAL REQUEST FORM**  
**For Use of State Personal Leave Days**

Completed form **must** be submitted to immediate supervisor/campus principal **prior** to the requested leave.

Employee Name: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Campus/Dept: \_\_\_\_\_ Position: \_\_\_\_\_

Date(s) of discretionary leave days requested: ***(Not to exceed three (3) days)***

\_\_\_\_\_

**Definition**

Discretionary (personal) leave is defined as accumulated state personal leave taken at the individual employee's preference (discretion) for which it is usually possible to set a schedule in advance.

**Use of Discretionary Leave**

Discretionary leave shall be taken at the individual employee's discretion, subject to prior approval by the immediate supervisor. Approval of discretionary personal leave shall be considered based on the availability of substitutes, effect of absence on the educational program, and district operations. Employees may appeal negative decisions to Assistant Superintendent of Administrative and Student Services.

**Guidelines**

Duration of Leave – Discretionary personal leave may not be taken for more than three consecutive days, except in extenuating circumstances as determined by the immediate supervisor. Any approved discretionary leave must be reported to the Payroll Office.

I understand the guidelines above.

*Board Policy DEC (Local)*

\_\_\_\_\_  
Employee signature

\_\_\_\_\_  
Date

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**SUPERVISOR USE ONLY**

☐ Request Approved

☐ Request Denied

Reason(s) for Denial:

☐ Request does not meet guidelines. (See guidelines above)

☐ Request was not received within a reasonable period of time.

☐ Other Reason: \_\_\_\_\_

\_\_\_\_\_  
Principal/Supervisor signature

\_\_\_\_\_  
Date