



Birdville Independent School District
DISCRETIONARY LEAVE – APPROVAL REQUEST FORM
FOR USE OF STATE PERSONAL LEAVE DAY(S)

Completed form must be turned in to your immediate supervisor/campus principal
prior to the requested leave.

Employee's Name _____ Date _____

Campus/Department _____ Position _____

Number of discretionary leave day(s) requested _____ Employee ID#: _____

Date(s) of discretionary leave day(s) requested (not to exceed 5 days):

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | |

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**. Use of discretionary personal leave shall be considered granted unless the immediate supervisor notifies the employee to the contrary, within a reasonable period of time prior to the anticipated absence. Employees may appeal negative decisions to the appropriate associate superintendent.

Guidelines:

Duration of Leave - Discretionary personal leave may not be taken for more than five consecutive days, except in extenuating circumstances as determined by the immediate supervisor.

Schedule Limitations - 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 exams, state tests (ex: STAAR test), the first or last day of instruction, nor on professional or staff development days, except with prior approval by the immediate supervisor (based on work schedule).

[POLICY DEC \(LOCAL\)](#)

☐ I understand the guidelines above.

Name of Prearranged Substitute

Employee's Signature

Print completed form for supervisor's review.

SUPERVISOR USE ONLY

☐ Request Approved

☐ Request Denied

If denied, reason(s) for denial:

- ☐ Request does not meet guidelines. (See guidelines above)
- ☐ Request was not received within a reasonable period of time.
- ☐ Other _____

Immediate Supervisor/Campus Principal

Date