

McLEAN INDEPENDENT SCHOOL DISTRICT

REQUEST FOR COMPENSATORY LEAVE

Note: A written request for use of compensatory leave should be submitted to the principal or immediate supervisor five (5) working days in advance of the anticipated absence, in accordance with DEC (Regulation)

Name_____ Job Title_____

Campus/Department_____

Date(s) of requested leave_____

Employee's signature_____ Date_____

Leave requests shall be granted or denied in accordance with DEC (Legal) and (Local).

_____ Granted

_____ Denied for the following reasons_____

Supervisor's signature_____ Date_____

Note: A copy of this form, with approval, must be forwarded to the business office when the leave is taken.