



Please consult board policy DEC (LOCAL) and DEC (Regulation) for Information on all available leave, before submitting a request for leave due to extenuating circumstances.

Lake Travis Independent School District
Extenuating Circumstance Leave Request

Employee Name: _____

Employee ID: _____

Campus/Department: _____

Position: _____

THE PURPOSE OF THIS FORM IS TO REQUEST LEAVE DURING BLACKOUT DAYS. MAX OF 3 PERSONAL DAYS IN A ROW, MAX OF 5 TOTAL DAYS COMBINED WITH LOCAL LEAVE.

EMPLOYEES MUST HAVE AVAILABLE PAID STATE PERSONAL OR LOCAL LEAVE ACCRUED

Option 1: PRIORITY

Table with 2 columns: EVENT, DESCRIPTION. Rows include Wedding (Not Anniversaries), College Orientation, College Graduation, Birth, Child's School Event, Military Deployment, Court Appearance, and Dates.

Option 2: NON-PRIORITY

Table with 2 columns: EVENT, DESCRIPTION. Rows include Travel, Gathering, Special event, Other, and Dates.

If you choose Option 2, please explain why your leave is due to an extenuating circumstance.

Employee Signature: _____ Date: _____

SUPERVISOR – Must confirm that leave meets the requirements of policy and regulation.

Table for Supervisor confirmation with fields for Leave Approved/Denied, Supervisor's Signature, and Date.

BUSINESS SERVICES

Table for Business Services with fields for Leave Approved/Denied, District Signature, and Date.

* If denied, employees will receive a salary deduction for discretionary leave taken during restricted periods.