



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

EVENT	DESCRIPTION
<input type="checkbox"/> Wedding (Not Anniversaries)	Employee's, parents, grandparents, sibling's, child or grandchild's wedding.
<input type="checkbox"/> College Orientation	Employee's child's college move-in/out/orientation.
<input type="checkbox"/> College Graduation	Employee's, Spouse, parent's, grandparent's, sibling's, child's or grandchild's graduation.
<input type="checkbox"/> Birth	Employee's child or grandchild.
<input type="checkbox"/> Child's School Event	Field trip, parent-teacher conference or class event/ceremony.
<input type="checkbox"/> Military Deployment	Spouse's, child or grandchild's deployment.
<input type="checkbox"/> Court Appearance	Other than jury duty or subpoena. Documentation is required (Submit to HR).
	Dates:

Option 2: NON-PRIORITY

EVENT	DESCRIPTION
<input type="checkbox"/> Travel	Trip, vacation, etc.
<input type="checkbox"/> Gathering	Family reunion, weddings, etc.
<input type="checkbox"/> Special event	Birthdays, anniversaries, etc.
	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.

<input type="checkbox"/> Leave Approved	<input type="checkbox"/> Leave Denied *
Supervisor's Signature: _____	Date: _____

HR SERVICES

<input type="checkbox"/> Leave Approved	<input type="checkbox"/> Leave Denied *
District Signature: _____	Date: _____

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