



**SOCORRO INDEPENDENT SCHOOL DISTRICT**  
**Request Form for Discretionary Personal Leave Days**

Name: \_\_\_\_\_ SS# \_\_\_\_\_

Campus: \_\_\_\_\_ School Year: \_\_\_\_\_

Please indicate the Discretionary Personal Leave day(s) you're requesting. It is the employee's responsibility to submit a Request Form for Discretionary Personal Leave to their supervisor when personal days are requested.

I understand that personal days must be requested three (3) days in advance as stated in Administrative Regulation DEC. I also understand that a maximum of ten (10) consecutive personal days are allowed with my Supervisor's approval.

I request a total of \_\_\_\_\_ personal days from \_\_\_\_\_ to \_\_\_\_\_  
# of days requested start date end date

Subfinder Job # \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

Note: All Requests for Discretionary Personal Leave must be approved by the immediate supervisor and must be kept at the campus or department. All personal leave days must be reported to the SubFinder System.