



# SOCORRO INDEPENDENT SCHOOL DISTRICT

## Request to Carry-Over Non-Duty Day(s) for Twelve (12) Month Employees

Administrative Regulation DED: Non-Duty Days (B)

A maximum of five (5) non-duty days may be carried over with the approval from your supervisor. All requests to Carry-Over Non-Duty Days are subject to the Superintendent's Approval. If the Request is approved, all carried over non-duty days must be used by the end of the first intersession of the following school year.

Request to Carry-Over Non-Duty Days are only available to employees assigned to 226, 234, or 239 days on duty, not employees on a supplemental assignment.

Employee Name: \_\_\_\_\_ Campus/Department: \_\_\_\_\_

Employee ID Number: \_\_\_\_\_

I request to carry over \_\_\_\_\_ non-duty day(s) from the **2021- 2022** school year to the **2022 - 2023** school year.

**The specific reason why I need to request to carry over non-duty days is stated below:**

**(NOTE: REASON MUST BE JOB RELATED. FOR EXAMPLE; WORKLOAD, SPECIAL PROJECT NEEDED TO BE COMPLETED, ETC.)**

I understand that a **completed** request form must be submitted to the Department of Human Resources on or before May 31st of the current school year. Furthermore, that the request form must be signed by my supervisor and department Assistant Superintendent prior to being submitted to Absence Management. A request received without a signature will not be accepted. Requests received after May 31st will not be approved and the deadline to use approved carried over non-duty days is October 14, 2022 (by the end of the first intersession).

By signing below I attest that I have read and understand the information provided in Administrative Regulation DED.

\_\_\_\_\_  
Employee Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Asst. Superintendent Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Completed forms can be emailed to [leaves@sisd.net](mailto:leaves@sisd.net)**

*(Please make a copy of this form for your records before submitting it to the Department of Human Resources.)*