



FORT BEND INDEPENDENT SCHOOL DISTRICT
Non-Discretionary Leave Request Form

Date Today: _____

To: _____, Assistant Superintendent
_____, Director/Principal/Hiring Manager
_____, Supervisor/Coordinator

From: _____ Name
_____, Job Title
_____, Department

Below is a Leave of Absence/ Personal Business Request for Approval

Employee Name (Last, First, MI):	Employee ID:	Last Day Worked:
Location:		Return Date:
Request Leave from: _____ (start date) to _____ (end date)		
Reason:		

Please submit to the employee's Supervisor or designee with authorizing signatures and/or comments.

Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No		
_____ Assistant Superintendent	_____ Director/Principal/Hiring Manager	_____ Supervisor/Coordinator
# of Days Approved: _____	# of Days NOT Approved: _____	

Please scan and submit the completed form to Leaves.HR@fortbendisd.com. The department retains the physical copy for its records.