

**RUSSELL INDEPENDENT SCHOOL DISTRICT
CERTIFIED PERSONAL LEAVE REQUEST**

In accordance with the guidelines listed below, I, _____,
am requesting _____ day(s) of Personal Leave on _____ (date).

All full-time certified employees of the Russell Independent School District shall be entitled to two (2) days of personal leave per school year without affecting emergency or sick leave day totals. These days are equivalent to the normal working day of the employee and may be taken in not less than four (4) one-half (1/2) days. Those employed less than a full day will receive their pro-rata share. These days may be used subject to the following guidelines:

1. The Superintendent or designee must approve the leave date, but no reasons shall be required for the leave. Those employees making the earliest application shall be given preference. Approval shall be contingent upon the availability of qualified substitute employees.
2. No more than 5% of the system's classified employees may take personal leave on a given day. If requests exceed 5%, those making the earliest application will be given preference.
3. Employees taking personal leave must file a personal leave affidavit on their return to work stating that the leave was personal in nature.
4. On June 30 all personal leave days not taken during the current school year shall be transferred and credited to the employee's accumulated sick leave account.

SIGNED _____

DATE _____ TIME _____

SCHOOL _____

APPROVAL (Signature Required):

PRINCIPAL/SUPERVISOR _____

PAYROLL CLERK _____

SUPERINTENDENT(DESIGNEE) _____