MONTGOMERY I.S.D.
District Advisory Committee
REQUEST FOR COMPASSIONATE LEAVE DAYS

Please Print

_____ _____

Last Name First Name Middle Initial Social Security Number

School/Department:_____ **Position:**_____

Date of Request_____ **Date of Hire**_____

Leave Balance at beginning of school year_____ **Leave Balance as of today's date**_____

Are you enrolled in a disability insurance plan? YES__ NO__

How many consecutive years have you contributed to the Compassionate Leave Bank?_____

Reason for requesting Compassionate Leave Days_____

I have used all of my available Leave days (State, Local, Off Duty and/or Vacation). During the first year of membership, the maximum number of day s that can be awarded is 10 days. After the first year of membership, continuing members are eligible to be considered by DAC for up to 25 days of Leave from the bank per fiscal year and they would be paid at my current daily rate. My physician has completed a Physician's Statement and it has been turned in to MISD's Benefits & Leave Specialist. Information from this Statement is given to the DAC to determine approval but I understand my name will never be mentioned.

Employee Signature_____ **Date**_____