



Division of Special Education
Request for Medical/Dental, Vacation, Temporary Duty Leave

Name: _____ Date: _____

Position: _____ Employee#: _____

I am requesting approval for:

Medical/Dental Examination Leave:

Date: _____ Release Time: _____

Principals or supervising administrators may release unit employees for up to two hours without sick leave being charged against the employee for the purpose of medical and/or dental examination and if deemed necessary, with verification upon return. (Article XIV, Section 7, UTD/M-DCPS contract)

Vacation Day(s):
(Requires at least 2-weeks advance notice)

From: _____ through _____ Total number of days: _____

- Completed/signed leave card is attached

Temporary Leave/Temporary Duty (Requires at least one week advance notice)

Event Description: _____

Date(s) of Event: From: _____ through _____ Total number of days: _____

Please attach the following:

- Program and registration information
- Completed/signed leave card (As a general rule, if the training/workshop/meeting, etc., takes place at an M-DCPS location, with M-DCPS personnel, a leave card would not be necessary, except when a substitute is required to replace the absent teacher).

Other _____ Date _____ Time _____
(Attach supporting documents)

Employee's Signature: _____ Date: _____

District Director/Designee's Signature: _____ Date: _____

Approved Not Approved

Reason for Non-Approval: _____