



**Prekindergarten Program for Children with Disabilities
Payroll Leave/Documentation Recommendation/Approval Form
9614/9013**

Name: _____ Date: _____

Position: _____ Employee#: _____

I am requesting approval for:

- Medical/Dental Examination Leave

Date: _____ Release Time: _____

This request must be reviewed and recommended by the employee's supervisor before it is sent for approval to the appropriate payroll administrator.

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 (Please submit request for vacation with completed leave card, at least 2 weeks in advance of requested date).

From: _____ through _____ Total number of days: _____

- Professional Leave (Requires at least one week advance notice)

(Number of days of professional leave taken this year: _____)

Date(s) of Event: _____ Identify Event: _____

Please attach the following:

- Program and registration information
- Completed leave card

- Other _____ Date _____ Time: _____

Employee's Signature: _____ Schools or departments impacted by the above request: _____

Supervising Administrator's Signature: _____ Date: _____

- Recommended Not Recommended

Reason for Non-Recommendation: _____

Payroll Administrator's Signature: _____ Date: _____

- Approved Not Approved

Reason for Non-Approval: _____