

HISD

Leave Administration

PUTTING PEOPLE FIRST

DISTRICT LEAVE OF ABSENCE APPLICATION FORM

This application is to be used for Temporary Disability, Developmental, Military, and Political Leave requests **only**.

Section A - TO BE COMPLETED BY EMPLOYEE			
Employee Name (First, MI, Last):		Employee ID:	
Employee Phone Number Home: ()		Work: ()	
Employee's Home Address:	City:	State:	Zip:
Leave Request: (e.g. 01/31/2024 to 03/31/2024) From / / to / /	Last Day Worked: / /	Personal Email Address:	
Reason for Employee Leave (for Developmental Leave – Please provide a statement describing how this leave is designed to improve professional competence):			
Leave of Absence Acknowledgments: <ul style="list-style-type: none"> • I have read the Houston ISD policies specific to the leave I am requesting. • I understand that I have seven (7) calendar days to submit the requested supporting documentation for review. • I understand my failure to submit the requested supporting documentation within the specified time frame above may result in the denial of my leave. • I understand that I must contact the Leave Administration department 30 days prior to the end of my leave of absence to obtain return instructions. • I understand that failure to return to work or to keep the Leave Administration department, my assigned HR representative, and/or my manager informed of my return to work may constitute job abandonment and lead to termination of my employment with Houston ISD. • I understand that my benefits may be impacted. I should contact the Benefits department at 713-556-6655 for additional information. 			
I understand the following points also apply to Developmental Leave: <ul style="list-style-type: none"> • Employees must provide proof of academic work done upon returning from the leave (transcripts, diploma, etc.). • Employees are eligible to re-apply for any position for which they are certified or otherwise qualified. Evidence of course completion (transcripts, diploma, etc.) must be provided to Human Resources to be considered for a position. • Employees must request the additional year extension along with evidence of course completion (transcripts, diploma, etc.) in writing 30 days prior to the leave ending. • An employee with five years of service with the Teacher Retirement System (TRS) may purchase up to two (2) years of credit for Developmental Leave by notifying TRS in advance of the intention to take such leave, having the District certify that the leave request will meet the requirement of improving professional competency, and making the appropriate deposit with TRS. 			
EMPLOYEE'S SIGNATURE (Required)		DATE (e.g. MM/DD/YYYY)	
MANAGER'S SIGNATURE (Optional - For Acknowledgement of Leave Request)		DATE (e.g. MM/DD/YYYY)	
LEAVE ADMINISTRATION SIGNATURE (OFFICE USE ONLY)		DATE (e.g. MM/DD/YYYY)	

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