

# LEAVE OF ABSENCE REQUEST

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Campus: \_\_\_\_\_ Position: \_\_\_\_\_ Employee ID#: \_\_\_\_\_

Beginning Date of Leave: \_\_\_\_\_ Returning Date of Leave: \_\_\_\_\_

Check One ✓	<b>Reason for Absence</b>	<b>Documentation Necessary</b>	<b>Hardship Days</b> <i>(office use only)</i>
	<b>Personal Medical</b> Limited to medical leave necessary for employee illness.	note from doctor with applicable dates.	
	<b>FMLA - for Employee or A Family Member Illness</b> Medical leave (illness) within the employee's immediate family member or self - as defined by the Family Medical Leave Act. FMLA runs concurrently with other leaves.  You maybe subject to get a Medical Certification completed if, applicable	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>Date of Employment</b>  <i>(office use only)</i>            / ___ /         </div> note from doctor with applicable dates for either the employee's need or the family members care needs.	
	<b>Maternity / Parental Leave</b> Parental leave is available for employees who qualify for leave for adoptive or natural reasons. Days available may vary but in no case extend beyond leave provided under the Family Medical Leave Act.	note from doctor with applicable due date and medical recovery time.	
	<b>Military Service</b> Employees required to serve in the federal or state military shall be granted leave. Short term state military or federal reserve military leave shall not exceed fifteen days per federal fiscal year.	Send copy of military orders to Leave Coordinator	N/A
	<b>Religious</b> The District shall reasonably accommodate requests for absences to participate in religious observations and practices.	will vary/contact Leave Coordinator	N/A
	<b>Workers' Compensation (WC)</b> All work-related injuries should be reported to the benefits office, If an employee will be absent from work for an extended period of time due to a work injury, employee's eligibility for FMLA will be reviewed for their leave absences.	will vary/contact Leave Coordinator	N/A
	<b>Assault</b> A District employee who is physically assaulted during the performance of regular duties is entitled to time necessary to recuperate from physical injuries sustained as a result of the assault.	will vary/contact Leave Coordinator	N/A
	<b>Other</b> (please specify): <input type="checkbox"/> With Principal's/Supervisor's Permission	will vary/contact Leave Coordinator	N/A

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE RETURN FORM AND DOCUMENTATION TO EMPLOYEE BENEFITS AT YOUR EARLIEST CONVENIENCE:**

**By Mail**  
Benefits Office  
1565A W Main Street  
Room A110  
Lewisville, Texas  
75067

**By Fax**  
972-350-9359  
**By Email**  
[estrada-ortegap@lisd.net](mailto:estrada-ortegap@lisd.net)

**Inter-Campus Mail**  
Benefits Office

*(For Benefits office use only)*

Leave Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_