LEWISVILLE ISD HARDSHIP LEAVE
EMPLOYEE'S APPLICATION

EMPLOYEE INFORMATION

Name:_____ Employee ID#:_____

Campus/Location:_____ Position:_____

Dates Absent:_____ Return to work:_____

Full time employees who have exhausted all available leave may request hardship leave

REASON FOR REQUEST

____ Medical (Please attach documentation from a certified health care provider) (For Employee, or to care for Spouse, Child or Parent)

____ Bereavement (must provide death certificate, funeral notice or an obituary to establish relationship) for the death of a Spouse, Child or Parent up to 5 workdays.

- **Hardship Leave must be requested within 60 days from the first eligible absence to be considered.**
- **Supporting Documentation shall identify the start of leave and return date.**
- **An employee must work a minimum of 18 days during the school year before hardship days will be awarded and have been employed at least 90 days (actually worked) to access hardship leave.**
- **One-half of the employee's daily rate of pay for each day of hardship leave taken will be paid. Up to 10 max days per year for combined medical or bereavement.**

Employee Signature_____ Date:_____

Please refer to the LISD Employee Handbook and Local Board Policy for more information on Hardship Leave Rules

Return form to Priscilla Estrada-Ortega at **estrada-ortegap@lisd.net** Fax 972-350-9359
1565 A W Main Street Room A110 Lewisville, Texas 75067

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