

**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

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REASON FOR REQUEST

_____ **Medical (Please attach documentation from a certified health care provider)**
(For Employee, or to care for Spouse, Child or Parent) *Up to 10 days per year*

- **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.**

Employee Signature _____ Date: _____

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

Return form to Tony Saldivar at saldivarmaria@lisd.net Fax 972-350-9359 P O Box 217, Lewisville, TX 75067