

**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