

**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*

_____ **Bereavement (Please attach documentation such as obituary or service info)**
(Due to death of a child, spouse or parent) *Up to 5 days per year*

- **Hardship Leave must be requested within 60 days of the absence.**
- **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.**

Employee Signature _____ **Date:** _____

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

Return form to Cindy Smith at Smithcl@lisd.net Fax 972-350-9358 P O Box 217, Lewisville, TX 75067