

LEAVE OF ABSENCE REQUEST

Name: _____ Date: _____

Campus: _____ Position: _____ Employee ID#: _____

Beginning Date of Leave: _____ Returning Date of Leave: _____

Check One ✓	Reason for Absence	Documentation Necessary	Hardship Days <i>(office use only)</i>
	Personal Medical Limited to medical leave necessary for employee illness.	note from doctor with applicable dates	
	Family Medical (FMLA) Limited to medical leave for illness within the employee's family as defined by the Family Medical Leave Act. FMLA runs concurrently with other leaves.	Date of Employment <i>(office use only)</i> ____ / ____ / ____	note from doctor with applicable dates
	Bereavement Use of state and/or local leave for death in the immediate family and limited to five days per occurrence subject to District approval.	copy of death certificate or obituary	
	Maternity / Parental Leave 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 dates	
	Military Service 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.	copy of military orders	N/A
	Assault 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	
	Family Emergency Limited to natural disasters and life-threatening situations involving the employee or a member of the employee's immediate family.	will vary/contact Leave Coordinator	
	Jury Duty Employees are provided leave to comply with a summons to appear as a juror.	copy of juror verification form issued by court	N/A
	Religious The District shall reasonably accommodate requests for absences to participate in religious observations and practices.	will vary/contact Leave Coordinator	N/A
	Other (please specify): <input type="checkbox"/> With Principal's Permission	will vary/contact Leave Coordinator	

Employee Signature: _____ Date: _____

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

By Mail
Benefits Office
PO Box 217
Lewisville, Texas 75067

By Fax
214-626-1629
By Email
saldivarmaria@lisd.net

Inter-Campus Mail
Benefits Office

(For Benefits office use only)

Leave Coordinator Signature: _____ Date: _____