

LOCAL DAY DONATION FORM

Your Name: _____ Employee ID#: _____
 Your Campus: _____ LISD
 Email: _____

Name of Employee receiving local day(s): _____

Campus of Employee receiving local day(s): _____

***Number of local days you wish to donate:** _____

Reason for donation: (circle one)

Pregnancy/Birth Medical Bereavement Other-please list: _____

If you know the absence dates, please list: _____

***I approve payroll to remove the number of local days noted above.**

Employee Signature: _____ **Date:** _____

PLEASE RETURN FORM AND DOCUMENTATION TO EMPLOYEE BENEFITS:

Mail: Benefits Office PO Box 217 Lewisville, TX 75067	Email: Laub@lisd.net	Fax: 214-626-1888	Inter-Campus Mail: Benefits Office
Phone: 469-948-8104			

(For Benefits/Payroll offices use only)

Date received from Employee _____ Date sent to Payroll _____

Notes:

Payroll Approval:

_____ <i>Approved by</i>	_____ <i>Date</i>	_____ <i># Days Donated</i>	_____ <i>Date to Benefits</i>	_____ <i>Date to Employee</i>
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Thank you for helping another LISD employee.