



# 2024-2025 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 note: Donated days must be used by the employee within the current school year*

**PLEASE RETURN FORM AND DOCUMENTATION TO EMPLOYEES BENEFITS:**

<b>Mail:</b>	<b>Email:</b>	<b>Fax:</b>	<b>Inter-Campus Mail:</b>
Benefits Office	<a href="mailto:estrada-ortegap@lisd.net">estrada-ortegap@lisd.net</a>	214-626-1888	Benefits Office
PO Box 217			
Lewisville, TX 75067		<b>Phone: 469-948-8105</b>	

*(For Benefits/Payroll offices use only)*

Date received from Employee \_\_\_\_\_ Date sent to Payroll \_\_\_\_\_

Notes:

Payroll Approval:

\_\_\_\_\_

Approved by                      Date                      # Days Donated                      Date sent to Benefits

*Thank you for helping another LISD employee.*