

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: rosasa@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:

_____	_____	_____	_____	_____
Approved by	Date	# Days Donated	Date to Benefits	Date to Employee

Thank you for helping another LISD employee.