

**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

**REASON FOR REQUEST**

\_\_\_\_\_ **Medical (Please attach documentation from a certified health care provider)  
(For Employee, or to care for Spouse, Child or Parent)**

\_\_\_\_\_ **Bereavement (must provide death certificate, funeral notice or an obituary to  
establish relationship) for the death of a Spouse, Child or Parent up to 5 workdays.**

- **Hardship Leave must be requested within 60 days from the first eligible absence to be considered.**
- **Supporting Documentation shall identify the start of leave and return date.**
- **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.**
- **One-half of the employee's daily rate of pay for each day of hardship leave taken will be paid. Up to 10 max days per year for combined medical or bereavement.**

**Employee Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

Return form to Priscilla Estrada-Ortega at [estrada-ortegap@lisd.net](mailto:estrada-ortegap@lisd.net) Fax 972-350-9359  
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