



RETURN FROM LEAVE OF ABSENCE

Name: _____ Employee ID #: _____

Campus: _____ Position: _____

Return to Work Date: _____ Leave Began: _____

TYPE OF LEAVE (check one):

____ Personal Medical

____ Assault

____ Family Medical (FMLA)

____ Family Emergency

____ Bereavement

____ Jury Duty

____ Maternity / Parental Leave

____ Religious

____ Military Service

____ Other

Employee Signature

Date

Leave Coordinator 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

972-350-9359

By Email

nicholsonb@lisd.net

Inter-Campus Mail

Benefits Office