



DONNA INDEPENDENT SCHOOL DISTRICT

Use of Bereavement Leave

NAME:(Official Name): _____

EMN: _____

CAMPUS/DEPARTMENT: _____

POSITION: _____

TOTAL DAYS OF BEREAVEMENT LEAVE: _____ ***** will be deducted from available leave as per policy DEC Local *****

(Maximum of 5 days per occurrence)

DATE(S) OUT ON BEREAVEMENT LEAVE: _____

Days used were for the death of: (Immediate family members; as defined per policy DEC (LOCAL))

- | | | | | | |
|----------|--------------------------|-----------------|--------------------------|-------------|--------------------------|
| Spouse | <input type="checkbox"/> | Father-in-law | <input type="checkbox"/> | Grandmother | <input type="checkbox"/> |
| Father | <input type="checkbox"/> | Mother-in-law | <input type="checkbox"/> | Grandchild | <input type="checkbox"/> |
| Mother | <input type="checkbox"/> | Son-in-law | <input type="checkbox"/> | | |
| Son | <input type="checkbox"/> | Daughter-in-law | <input type="checkbox"/> | | |
| Daughter | <input type="checkbox"/> | Brother-in-law | <input type="checkbox"/> | | |
| Brother | <input type="checkbox"/> | Sister-in-law | <input type="checkbox"/> | | |
| Sister | <input type="checkbox"/> | Grandfather | <input type="checkbox"/> | | |

****Please submit funeral program or obituary, which verifies the need for bereavement leave****

Signature of Principal / Director: _____ Date: _____

APPROVED DENIED

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For HR Office Use Only!

Signature of HR Administrator: _____ Date: _____

APPROVED DENIED

This form must be forwarded to the Human Resources Office AND a copy attached to the Employee's Time Sheet.