



DONNA INDEPENDENT SCHOOL DISTRICT

Use of Bereavement Leave

NAME:(Official Name): _____

EMN: _____

CAMPUS/DEPARTMENT: _____

POSITION: _____

TOTAL DAYS OF BEREAVEMENT LEAVE: _____

(Maximum of 3 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: _____

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APPROVED

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DENIED

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For HR Office Use Only!

Signature of HR Administrator:_____Date: _____

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APPROVED

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DENIED

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