



DONNA INDEPENDENT SCHOOL DISTRICT Use of Bereavement Leave

Name (Official Name): _____

Employee ID: _____ Position: _____

Campus/Department: _____

Total Days of Bereavement Leave: _____ (Maximum of 3 days per occurrence)

Date(s) Out On Bereavement Leave: _____

Days to be used are for the death of immediate family members as defined in Donna ISD Board Policy DEC (Local). Please check appropriate box below.

- | | | | |
|--|--------------------------------------|--|--|
| <input type="checkbox"/> Spouse | <input type="checkbox"/> Daughter | <input type="checkbox"/> Grandmother | <input type="checkbox"/> Son-in-law |
| <input type="checkbox"/> Father | <input type="checkbox"/> Brother | <input type="checkbox"/> Grandchild | <input type="checkbox"/> Daughter-in-law |
| <input type="checkbox"/> Mother | <input type="checkbox"/> Sister | <input type="checkbox"/> Father-in-law | <input type="checkbox"/> Brother-in-law |
| <input type="checkbox"/> Son | <input type="checkbox"/> Grandfather | <input type="checkbox"/> Mother-in-law | <input type="checkbox"/> Sister-in-law |
| <input type="checkbox"/> Other (please specify): _____ | | | |

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

Signature of Immediate Supervisor: _____ Date: _____

For Human Resources Office Use Only!

Signature of HR Administrator: _____ Date: _____

APPROVED DENIED

Signature of Deputy Superintendent: _____ Date: _____

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