

BEREAVEMENT LEAVE REQUEST FORM

Educational Service District 113

Employees Printed Name: _____

Beginning date of leave: _____

Ending date of leave: _____

CHECK ONE:

_____ Leave is for immediate family bereavement (maximum 5 days of paid bereavement leave).

_____ Leave is for other relative bereavement (1 day of paid bereavement leave).

Total number of HOURS of leave requested/taken:

The reporting period for leave is from the 16th of one month through the 15th of the following month. Please submit a separate form for each reporting period.

	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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_____ Month

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
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_____ Month

Employee Signature: _____

RECOMMENDATION:

Approved

Disapproved

Supervisor's Signature

Date