



**Verification of Bereavement Leave**

On March 17, 2005, the Laredo Independent School District Board of Trustees approved the following change to Policy DEC (Local):

*"Up to three (3) consecutive calendar days absence with pay shall be granted to an employee following the death of an "immediate family" member. It shall be the duty of the Campus / Department Administrator or designee to determine the justification of such leave.*

*"Immediate Family" for the purpose of this section shall include only the following relations of an employee or employee's spouse:*

*Father, Mother, Brother, Sister, Husband, Wife, Father-in-Law, Mother-in-law, Son, Daughter, Son-in-law, Daughter-in-law, Brother-in-law, Sister-in-law, Grandchildren or Grandparents.*

To be completed by the person who is requesting approval for bereavement leave:

Name: \_\_\_\_\_ Employee Number: \_\_\_\_\_

Campus/Department: \_\_\_\_\_ Date: \_\_\_\_\_

Request Begin Date: \_\_\_\_\_ to End Date: \_\_\_\_\_

Family Member Name(s): \_\_\_\_\_

Relationship: (please check)

- |                                   |  |  |  |
|-----------------------------------|--|--|--|
| <input type="checkbox"/> Husband  | <input type="checkbox"/> Sister        | <input type="checkbox"/> Brother-in-law  | <input type="checkbox"/> Grandfather   |
| <input type="checkbox"/> Wife     | <input type="checkbox"/> Father        | <input type="checkbox"/> Sister-in-law   | <input type="checkbox"/> Grandmother   |
| <input type="checkbox"/> Son      | <input type="checkbox"/> Mother        | <input type="checkbox"/> Son-in-law      | <input type="checkbox"/> Grandson      |
| <input type="checkbox"/> Daughter | <input type="checkbox"/> Father-in-law | <input type="checkbox"/> Daughter-in-law | <input type="checkbox"/> Granddaughter |
| <input type="checkbox"/> Brother  | <input type="checkbox"/> Mother-in-law |  |  |

I hereby attest that the statement herein submitted is truthful and accurate. As such, I request that, by my signature below, the District approve these absences as bereavement leave.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Supervisor's Signature

**HR Office Use Only:**

SEMS \_\_\_\_\_

Sage \_\_\_\_\_

Local \_\_\_\_\_

State \_\_\_\_\_

State Personal \_\_\_\_\_

Reimbursement \_\_\_\_\_

\_\_\_\_\_  
Attendance & Substitutes' Office Approval