

DELANO SCHOOL DISTRICT #879

TEACHER BEREAVEMENT LEAVE REQUEST

Date: _____

Employee Name: _____

Date of Bereavement Leave: _____

Relation of deceased: _____

Signature of Requesting Employee

Approved _____ Disapproved* _____

Supervisor's Signature _____ Date _____

* If the leave request is not approved, the administrator will give the reason for non-approval verbally or in writing.