

**PORT NECHES-GROVES INDEPENDENT SCHOOL DISTRICT
REQUEST FOR LEAVE**

DEATH IN FAMILY

Death in Family _____
Date(s) _____ **Name of family member** _____ **Relationship** _____

**Up to three (3) working days allowed for each death in the immediate family.*

NAME OF EMPLOYEE _____

This request has been approved by: _____
Signature of Principal/Supervisor _____ **Date** _____

Original to: Business Office _____

Copies to: Campus _____

Revised July 2023