



Duncanville ISD Human Resources Department

Bereavement Leave Request Form

Employees are eligible to receive up to 3 days of paid bereavement leave, not to exceed 6 days per fiscal year upon the death of an immediate family member as outlined in DEC LOCAL. Documentation will be required to verify the status of an immediate family as defined in board policy.

1. Inform your immediate supervisor and the Human Resources Department within 5 days after the death of an immediate family member.
2. Complete the Bereavement Leave Request Form, provide supporting documentation, and submit these documents to the Human Resources Department within 15 days following the death of an immediate family member for approval.
3. Bereavement leave must be used within 30 days of the death of an immediate family member. The leave must occur with the same fiscal year as the request and does not need to be consecutive. The Human Resources Department may review and consider extenuating circumstances.

Employee Information:

Employee Name: _____

Employee #: _____

Employee Signature: _____

Date(s) of Leave: _____

Verification of Immediate Family Member:

Please select the family member for which paid bereavement leave is requested:

- | | |
|---|---|
| <input type="checkbox"/> Spouse | <input type="checkbox"/> Sibling (includes stepsiblings and sibling-in-law) |
| <input type="checkbox"/> Child (includes a biological, adopted, step, foster child, son/daughter-in-law, a legal ward, or a child for whom the employee stand <i>in loco parentis</i>) | <input type="checkbox"/> Grandparent |
| <input type="checkbox"/> Parent (includes stepparent and parent-in-law, or another individual who stands <i>in loco parentis</i> to the employee) | <input type="checkbox"/> Grandchild |
| | <input type="checkbox"/> Person residing in the employee's household at the time of death (proof of residence must be provided) |

Please include verification of deceased family member by submitting one of the following: obituary, funeral program or letter, court documentation, or other similar document verifying the need for bereavement leave and send to leave@duncanvilleisd.org.

Supervisor Signature

Date

Human Resources Approval Signature

Date

Human Resources Department
710 S. Cedar Ridge Drive
Duncanville, Texas 78642