



HUMAN RESOURCES
JEFFERSON PARISH SCHOOLS
501 MANHATTAN BOULEVARD
HARVEY, LOUISIANA 70058
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DONNA W. JOSEPH
CHIEF HUMAN RESOURCES OFFICER

EMPLOYEE BEREAVEMENT LEAVE REQUEST

It is hereby requested that the district grant a leave of absence without loss of pay of up to three (3) school days listed below for a death in my immediate ¹ or spouse's immediate ¹ family as follows:

3 Days: (List Dates) _____

If the funeral is more than 200 miles from New Orleans, the employee can request a fourth (4th) day of leave.

4 Days: (List Dates) _____

IMPORTANT NOTE (1): Bereavement Leave Requests must be turned into HR within thirty (30) calendar days of the death. **Requests received past thirty (30) calendar days of the death –will be automatically denied. It is the EMPLOYEE'S responsibility to submit the Bereavement Request to Human Resources.**

IMPORTANT NOTE (2): Bereavement Leave shall be taken within ten (10) calendar days of the death, except under extraordinary circumstances, which shall be fully detailed. Documentation such as: an obituary and supporting documents to confirm relationship such as: marriage license, death certificate, birth certificate, etc. must accompany this request.

Employee Name:	Employee ID:
School/Work Site:	Position:
Name of Deceased:	
Date of Death:	
Location of Funeral (Including City, State):	
Relationship of Deceased to to JPS Employee:	
Relationship of Deceased to Employee's Spouse (If Applicable):	
Name of JPS Employee's Spouse (If Applicable):	

¹Immediate Family includes the employee's spouse as well as the following other family members of the employee or the employee's spouse: children including step-children, any individuals over which the employee or the employee's spouse has legal guardianship, grandchildren including step-grandchildren, parents, father-in-law and mothers-in-law, step-parents, grandparents including step-grandparents, great grandparents, brothers and sisters including half-sisters and half-brothers, brothers-in-law and sisters in law, daughters-in-law and sons-in-law.

Employee Name (PRINT):	
Employee Signature:	Date:
Principal/Supervisor Name (PRINT):	
Principal/Supervisor Signature:	Date:
Approved Dates:	
Notes:	
Human Resources Signature:	Date: