

# BEREAVEMENT APPLICATION

## EMPLOYEE INFORMATION

*Note: Bereavement Leave must be requested and used within 60 days from date of death.*

<b>Name:</b> _____	<b>Employee ID#:</b> _____
<b>Campus/ ORG:</b> _____	<b>LISD Email:</b> _____

**Dates Absent:** \_\_\_\_\_  
 (Ensure your consecutive absence days are entered into Frontline.)

**Deceased person is my: (circle one)**  
 Spouse    Child    Parent    Sibling    Grandparent    In-law

**Document Provided: (circle one)**  
 Funeral Notice    Obituary    Death Certificate

**Relationship to employee if not clearly stated on document provided:** \_\_\_\_\_

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PLEASE RETURN FORM AND DOCUMENTATION TO EMPLOYEES BENEFITS:**

<b>Mail:</b> Benefits Office PO Box 217 Lewisville, TX 75067	<b>Fax:</b> 214-626-1888	<b>Email:</b> <a href="mailto:conciennes@lisd.net">conciennes@lisd.net</a>	<b>Inter-Campus Mail:</b> Benefits Office
<b>Phone:</b> 469-948-8105			

*(For Benefits office use only)*

Date of Death: \_\_\_\_\_ Bereavement Days Awarded: \_\_\_\_\_

Notes:

*Prepared by*

DNQ
APPROVE

*Approved by*

*Date*