

BEREAVEMENT APPLICATION

EMPLOYEE INFORMATION

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

Name: _____	Employee ID#: _____
Campus/ ORG: _____	LISD Email: _____

Dates Absent: _____
 (Ensure your consecutive absence days are entered into Frontline.)

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

Document Provided: (check 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:			
Mail:	Fax:	Email:	Inter-Campus Mail:
Benefits Office	214-626-1888	conciennes@lisd.net	Benefits Office
1565A W Main St Room A110			
Lewisville, TX 75067		Phone: 469-948-8105	

(For Benefits office use only)

Date of Death: _____ Bereavement Days Awarded: _____

Notes:

Prepared by

Date

DNQ
APPROVE

Approved by

Date