BEREAVEMENT APPLICATION

EMPLOYEE INFORMATION

Note: Requests and supporting documentation must be submitted and absences taken within 60 days from date of immediate family members death

Full-time employees may be eligible for up to 5 bereavement days to be used for consecutive absences due to the death of an immediate family member.

Employee Name: _____ Employee ID#: _____

Campus/Dept: _____ LISD Email: _____

I would like to request _____ days of Bereavement Leave to be applied to the following days:

Dates of Absence: _____

(Ensure your consecutive absence days are entered into Frontline.)

Relationship to the deceased (check one):

* Immediate Family is defined in the District's DEC (Local) policy

☐ Spouse

☐ Son or daughter (including biological, adopted or foster child, a current son-or-daughter-in-law, a stepchild, a legal ward, or a child for who the employee stand in loco parentis

☐ Parent, stepparent, parent-in-law, or other individual who stand in loco parentis to the employee

☐ Sibling, step-sibling, and sibling-in-law

☐ Grandparent

☐ Grandchild

☐ Any person residing in the employee's household at the time (additional documentation may be required).

Document provided to establish relationship (check one):

☐ Funeral Notice

☐ Obituary

☐ Death Certificate

Relationship to employee if not clearly stated on the document provided: _____

Your signature is an acknowledgement that the information provided on this form is accurate:

Employee Signature: _____ Date: _____

Mail:
Benefits Office
1565A W Main Street Room A110
Lewisville, Texas 75067

Fax:
214-626-1888

Email:
gonzalezk@lisd.net

Kristina Gonzalez

Phone: 469-948-8105

Inter-Campus Mail:
Benefits Office

(For Benefits department use only)

Date of Death: _____ Bereavement Days Awarded: _____

Notes:

_____ _____

Prepared by Date Approved by Date

☐ DNQ
☐ Approve