

Crosby Independent School District

Request for Bereavement Leave

In cases of the death of an employee's immediate family, up to 2 days of bereavement leave in a contract year will be provided to the employee. These days will be at no deduction to the employee's yearly or accumulated leave days. If the absence extends beyond the two days allowed for bereavement leave, at the employee's election, to cover additional absences state or local days may be used.

Employees who fraudulently claim bereavement leave benefits will be subject to unpaid leave. Please attach your documentation to this form.

Employee Name _____
(Please Print)

Campus/Dept. _____

Position _____

Date(s) of Absence _____

Reason for Bereavement Leave

Family Member's Name _____

Date of Death _____

Relationship to the Deceased _____

I understand that I am required to provide supporting documentation within 10 days of this request. Failure to provide sufficient supporting documentation in a timely manner may result in a denial of my leave request and reversal of paid leave.

Employee Signature

Date

Assistant Superintendent of Human Resources

Date

Approved

Denied / Reason for Denial _____