Washington Elementary School District No. 6 BEREAVEMENT LEAVE REQUEST FORM

Please Print

Employee Last Name:		First Name:				Middle Initial:		
School/Department		Position				ID#:		
Please Check Where Applicable:		☐ Death In-State ☐ Death Out-of-St						
Date of Death:	Date(s) of Absence (working days):							
Relation of Deceased to Employee as defined in GCCH/GDCH:								
☐ Spouse/Domestic Partner			Father		Grandmother		Aunt	
☐ Former Spouse/Domestic Partne	er		Step-father		Grandfather		☐ Uncle	
Child			Sister		Grandchild		☐ Fiancé	
☐ Step-child			Step-sister		Niece		☐ Foster Parent	
☐ Mother			Brother		Nephew		☐ Mother-in-law	
☐ Step-mother			Step-brother		First Cousin		☐ Father-in-law	
☐ Brother-in-law			Sister-in-law					
 I understand that the following is provided by the District policy: Bereavement leave requires approval by Human Resources. Bereavement leave request form must be submitted to Human Resources within five (5) business days upon returning from leave. Supporting documentation for travel out-of-state must be submitted to Human Resources within five (5) business days upon returning from leave. If the request is not approved, the employee is to use PTO. 								
Employee Signature:				С	Date:			
Supervisor Signature:			С	Date:				
District Office Hes Out								
District Office Use Only								
Human Resources Signature:					_	ved .	☐ Not Approved	
Number of Days Approved:								