MONTGOMERY INDEPENDENT SCHOOL DISTRICT

REQUEST FOR BEREAVEMENT LEAVE

PLEASE PRINT

Last Name _____ First Name _____ Employee ID Number _____

Campus/Department _____ Position _____

Total number of days requested: _____ Dates of absence: _____
(Maximum of 3 days per school year)

Relationship: _____

MISD Board Policy DEC (LOCAL) - The term "immediate family is defined as:

1. Spouse.
2. Son or daughter, including a biological, adopted, or foster child, a son- or daughter-in-law, a stepchild, a legal ward, or a child for whom the employee stands *in loco parentis.*
3. Parent, stepparent, parent-in-law, or other individual who stands *in loco parentis* to the employee.
4. Sibling, stepsibling, and sibling-in-law.
5. Grandparent and grandchild.
6. Any person residing in the employee's household at the time of illness or death.

Employee Signature _____ Date _____

Administrator/Supervisor Signature _____ Date _____

Approved: _____ Denied: _____

Sonja Lopez, Asst. Superintendent of Human Resources _____ Date _____

Instructions:

1. **Request a substitute, if needed, for the number of days of absence in AESOP.**
2. **Select State or Local Leave: Family Funeral.**
3. **Submit this form with original documentation (i.e. obituary, service program, etc.) to your Administrator/Supervisor.**
4. **If approved, your Administrator/Supervisor will forward to Human Resources.**
5. **E-mail notification will be sent of approval or denial.**