

# BEREAVEMENT APPLICATION

## EMPLOYEE INFORMATION

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

|                          |                            |
|--------------------------|----------------------------|
| <b>Name:</b> _____       | <b>Employee ID#:</b> _____ |
| <b>Campus/ORG:</b> _____ | <b>LISD Email:</b> _____   |

|  |
|--|
| <b>Dates Absent:</b> _____<br>(Ensure your absences are entered into Frontline.)   |
| <b>Deceased person is my: (circle one)</b><br><div style="display: flex; justify-content: space-around; padding: 0 10px;"> <span>Spouse</span> <span>Child</span> <span>Parent</span> <span>Sibling</span> <span>Grandparent</span> <span>In-law</span> </div> |
| <b>Document Provided: (circle one)</b><br><div style="display: flex; justify-content: space-around; padding: 0 10px;"> <span>Funeral Notice</span> <span>Obituary</span> <span>Death Certificate</span> </div>   |

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

|  |              |  |                           |
|--|--------------|--|---------------------------|
| <b>PLEASE RETURN FORM AND DOCUMENTATION TO EMPLOYEES BENEFITS:</b> |              |  |                           |
| <b>Mail:</b>   | <b>Fax:</b>  | <b>Email:</b>  | <b>Inter-Campus Mail:</b> |
| Benefits Office  | 214-626-1888 | <a href="mailto:rosasa@lisd.net">rosasa@lisd.net</a> | Benefits Office           |
| PO Box 217   |              |  |                           |
| Lewisville, TX 75067   |              | <b>Phone:</b> 469-948-8104                           |                           |

*(For Benefits office use only)*

Date of Death: \_\_\_\_\_ Bereavement Days Awarded: \_\_\_\_\_

Notes:

\_\_\_\_\_  
*Prepared by*

\_\_\_\_\_  
*Date*

|         |
|---------|
| DNQ     |
| APPROVE |

\_\_\_\_\_  
*Benefits Administrator*

\_\_\_\_\_  
*Date*