

BEREAVEMENT APPLICATION

EMPLOYEE INFORMATION

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

Name: _____	Employee ID#: _____
Campus/ORG: _____	LISD Email: _____

Dates Absent: _____
 (Ensure your absences are entered into Frontline.)

Deceased person is my: (circle one)
 Spouse Child Parent Sibling Grandparent In-law

Document Provided: (circle one)
 Funeral Notice Obituary Death Certificate

Employee Signature: _____ **Date:** _____

PLEASE RETURN FORM AND DOCUMENTATION TO EMPLOYEES BENEFITS:

Mail: Benefits Office PO Box 217 Lewisville, TX 75067	Fax: 214-626-1888	Email: rosasa@lisd.net	Inter-Campus Mail: Benefits Office
		Phone: 469-948-8104	

(For Benefits office use only)

Date of Death: _____ Bereavement Days Awarded: _____

Notes:

_____ <i>Prepared by</i>	_____ <i>Date</i>	<table border="1" style="margin: auto;"> <tr><td style="padding: 2px;">DNQ</td></tr> <tr><td style="padding: 2px;">APPROVE</td></tr> </table>	DNQ	APPROVE	_____ <i>Benefits Administrator</i>	_____ <i>Date</i>
DNQ						
APPROVE						