



## SAN ANTONIO INDEPENDENT SCHOOL DISTRICT

### REQUEST FOR BEREAVEMENT LEAVE FORM

Employee's Name: \_\_\_\_\_ Position: \_\_\_\_\_

Employee's ID Number: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

The Bereavement Leave Program benefits provide for a benefits-eligible employee to take up to 10 days of nondiscretionary leave in the case of a death of an immediate family member listed under DEC (LOCAL). Three (3) of those days may be granted/credited as district-paid leave if the decedent falls under one of the categories below. The eligible employee must complete this form and submit the required documentation to be credited back for accrued leave (or absence-deducted) days used for bereavement. Eligible employees who experienced the loss of an immediate family member on or after August 5, 2024 and took bereavement absences may be eligible for benefits.

**Please list to dates of absence (up to 3 workdays) you are requesting for District-paid bereavement leave (if you do not yet know all 3 days you need, you can submit an additional form):**

**Please verify the qualifying immediate family relationship:**

- ☐ Current Spouse/Domestic Partner
- ☐ Child, including a biological, adopted, or foster child
- ☐ Current child-in-law
- ☐ Current stepchild, a legal ward, or a child for whom the employee stands in loco parentis
- ☐ Sibling, current stepsibling, or current sibling-in-law
- ☐ Parent, current stepparent, current parent-in-law
- ☐ Other individual who currently stands in loco parentis to the employee
- ☐ Grandparent
- ☐ Grandchild

**Please attach/enclose a copy of either: an obituary, rosary card, funeral service program, death certificate, or news article, etc.**

By signing below, I acknowledge that I have been truthful in my representations in this request form. I understand that if I am found to have lied, misrepresented, or otherwise fabricated any information on this request, my request will be denied (and any granting of leave will be reversed) and I am subject to disciplinary action up to and including termination of employment.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**\*\*The completed form and supporting documentation must be submitted to: [leaveofabsence@saisd.net](mailto:leaveofabsence@saisd.net).\*\***