



DONNA W. JOSEPH
CHIEF HUMAN RESOURCES OFFICER

HUMAN RESOURCES
JEFFERSON PARISH PUBLIC SCHOOL SYSTEM
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EMPLOYEE BEREAVEMENT LEAVE REQUEST

It is hereby requested that the district grant a leave of absence without loss of pay of up to three (3) or four (4) school days listed below for a death in my immediate ¹ or spouse's immediate ¹ family as follows:

3 Days: (List Dates) _____

If the funeral is located more than 200 miles from New Orleans, the employee will be granted the fourth (4th) day of leave.

4 Days: (List Dates) _____

Bereavement Leave shall be taken within ten (10) calendar days of the death, except under extraordinary circumstances which shall be fully detailed. Documentation such as an obituary, letter from the funeral director, cremation, etc. must accompany this request.

Employee Name:	Employee ID:
School/Work Site:	Position:
Date of Death:	
Name of Deceased:	
Location of Funeral (Including City, State):	
Relationship to Employee:	
Relationship to Employee's Spouse (If Applicable):	
Spouse's Name (If Applicable):	

¹Immediate Family includes the employee's spouse as well as the following other family members of the employee or the employee's spouse: children including step-children, any individuals over which the employee or the employee's spouse has legal guardianship, grandchildren including step-grandchildren, parents, father-in-law and mothers-in-law, step-parents, grandparents including step-grandparents, great grandparents, brothers and sisters including half-sisters and half-brothers, brothers-in-law and sisters in law, daughters-in-law and sons-in-law.

Employee Signature:	Date:
Principal/Supervisor Signature:	Date:
Approved Dates:	
Notes:	
Human Resources Signature:	Date: