

**Washington Elementary School District No. 6
BEREAVEMENT LEAVE REQUEST FORM**

Please Print

Employee Last Name:		First Name:		Middle Initial:
School/Department		Position		ID#:
Please Check Where Applicable:		Death In-State	Death Out-of-State	
Date of Death:		Date(s) of Absence (working days):		
Relation of Deceased to Employee as defined in GCCH/GDCH:				
Spouse/Domestic Partner	Father	Grandmother	Aunt	
Former Spouse/Domestic Partner	Step-father	Grandfather	Uncle	
Child	Sister	Grandchild	Fiancé	
Step-child	Step-sister	Niece	Foster Parent	
Mother	Brother	Nephew	Mother-in-law	
Step-mother	Step-brother	First Cousin	Father-in-law	
Brother-in-law	Sister-in-law			