



**HUMAN RESOURCES
JEFFERSON PARISH SCHOOLS**

501 MANHATTAN BOULEVARD
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DONNA W. JOSEPH
CHIEF HUMAN RESOURCES OFFICER

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) school days listed below for a death in my immediate ¹ or spouse's immediate ¹ family as follows:

3 Days: (List Dates) _____

If funeral is more than 200 miles from New Orleans, the employee can request a fourth (4th) day of leave.

4 Days: (List Dates) _____

IMPORTANT NOTE (1): Bereavement Leave Requests must be turned into HR within thirty (30) calendar days of the death. Any request received past thirty (30) calendars days of the death –will be automatically denied. ***It is the EMPLOYEE'S responsibility to submit the Bereavement Request to Human Resources.***

IMPORTANT NOTE (2): 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:
Name of Deceased:	
Date of Death:	
Location of Funeral (Including City, State):	
Relationship of Deceased to Employee:	
Relationship of Deceased to Employee's Spouse (If Applicable):	
Name of Employee's Spouse (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 Name (PRINT):	
Employee Signature:	Date:
Principal/Supervisor Name (PRINT):	
Principal/Supervisor Signature:	Date:
Approved Dates:	
Notes:	
Human Resources Signature:	Date: