

**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):		
<b>Relation of Deceased to Employee as defined in GCCH/GDCH:</b>			
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		