

**POTTSBORO ISD
BEREAVEMENT APPLICATION**

EMPLOYEE INFORMATION

Note: Bereavement Leave Must Be Requested and Used Within 60 Days From Date of Death

Name: _____	Employee ID# _____
Campus/Department: _____	Pottsboro ISD Email: _____

Dates Absent: _____ (Ensure your absences are entered into Frontline.)
Deceased person is my: (circle one) Spouse Child Parent Sibling Grandparent Grandchild Any Person Residing in Employee's Household
Document Provided: (circle one) Funeral Notice Obituary Death Certificate

Employee Signature: _____ **Date:** _____

**PLEASE RETURN FORM AND DOCUMENTATION TO
DR. KEVIN MATTHEWS, SUPERINTENDENT**
1401 Katy Lane
P.O. Box 555
Pottsboro, TX 75076
PH: (903) 771-0083
Fax: (903) 415-6543
Email: kevin.matthews@pottsboroisd.org

(For Benefits office use only)

Date of Death: _____	Bereavement Days Awarded: _____
Notes:	
_____ Prepared by	_____ Benefits Administrator
_____ Date	_____ Date