



Flagler County Schools
Human Resources Department
Bereavement Leave Request

Bereavement Leave is reviewed and granted on a case-by-case basis. The maximum number of days granted for bereavement leave is five (5) days. These days are not deducted from the employee's earned/accumulated sick leave.

Employee's Name: _____ SSN: _____

Employee's Work Location: _____

Relationship of Deceased to Employee: _____

Geographic Location of Services: _____

Date Leave Request Submitted: _____

Dates Requested: _____ # Days Requested: _____

Signature of Employee: _____

Endorsement of Principal/Immediate Supervising Administrator:

I have reviewed this leave application and I requesting it be approved.

_____ Date	_____ Signature of Supervisor/Administrator
____ Request Approved	
____ Request Denied (May be appealed to Superintendent)	
____ Request Modified as follows:	_____ _____ _____
_____ Date	_____ Signature of Superintendent (or designee)