

Southeast Fountain School Corporation

744 East U.S. Highway 136

Veedersburg, IN 47987

REQUEST FOR BEREAVEMENT LEAVE

Name: _____ Date: _____

Date(s) of Requested Leave: _____

Name of Deceased: _____ Date of Death: _____

Relationship of Deceased to Employee: _____

Employee Signature

To: _____ Date: _____

Your request for Bereavement Leave on _____ is _____

Superintendent Signature