

STATEMENT OF CLAIMANT FOR USE OF BEREAVEMENT LEAVE BANK

Applications should be sent to: Bereavement Leave Bank Committee
Attn: Superintendent
School District No. 193
P.O. Box 1390 - 470 North 3rd East
Mountain Home, Idaho 83647

NAME: _____ TELEPHONE _____

EMPLOYEE NUMBER _____

ADDRESS: _____ BUILDING: _____

DATES REQUESTED: _____

1. Please state the reason for your request. _____

2. Have there been previous instances for which you have requested days from the Bereavement Leave Bank? Yes No

If yes, please explain: _____

I hereby authorize the Bereavement Leave Bank Committee to obtain from School District No. 193 any pertinent information relative to Personal/Sick/or Bereavement Leave from my payroll and/or personnel records.

APPLICANT'S SIGNATURE: _____

DATE: _____