

**PORT NECHES-GROVES INDEPENDENT SCHOOL DISTRICT**  
**REQUEST FOR LEAVE**  
**(FAMILY ILLNESS/DEATH IN FAMILY)**

Name \_\_\_\_\_ Date \_\_\_\_\_

Campus \_\_\_\_\_ Position \_\_\_\_\_

**Family Illness** \_\_\_\_\_  
Date(s) \_\_\_\_\_ Name of family member \_\_\_\_\_ Relationship \_\_\_\_\_

*\*Up to a maximum of five (5) days allowed each year for immediate family. Must use 11 days before eligible for family illness days.*

**Death in Family** \_\_\_\_\_  
Date(s) \_\_\_\_\_ Name of family member \_\_\_\_\_ Relationship \_\_\_\_\_

*\*Up to three (3) working days allowed for each death in the immediate family.*

**SIGNATURE OF EMPLOYEE** \_\_\_\_\_

**This request has been approved by:** \_\_\_\_\_  
Signature of Principal/Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Original to: Business Office _____
Copies to: Campus _____