

**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 after exhausting all state and local leave.*

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

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

**TYPED NAME OF EMPLOYEE** \_\_\_\_\_

AGREEMENT: By typing my name above, I agree that this will become my electronic signature and is the legally binding equivalent to my handwritten signature. Whenever I execute an electronic signature, it has the same validity and meaning as my handwritten signature. I will not, at any time in the future, repudiate the meaning of my electronic signature or claim that my electronic signature is not legally binding.

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

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Original to: Business Office _____
Copies to: Campus _____