COMPASSIONATE LEAVE APPLICATION

This form is to be completed by all HPSD employees who have taken Compassionate Leave of Absence as a result of a death or critical illness of one of the following relatives:

> Spouse/common-law partner, son, daughter, parent, brother, sister, parents of spouse/common-law partner, brother or sister-in-law, grandparent or grandchild, grandparents of spouse/common-law partner, daughter-in-law, son-in-law, other person who is a member of the employee's dwelling or aunt, uncle, niece or nephew. (Leave without pay may be granted for aunt, uncle, niece or nephew of a spouse for up to three days per calendar year.)

This is to certify that I, _____, was absent from duties for _____ days on _____ in order to attend to a death, critical illness (circle one) of my _____ (family relationship) at _____ (travel destination).

_____ _____

(date) (signature of employee)

Please note that only circumstances where death is imminent (death bed visit) are eligible for compassionate LOA due to **CRITICAL ILLNESS**. In instances of **CRITICAL ILLNESS**, please provide: attending physician's name _____ and phone #: _____, and attach any supporting medical documents.

Approved:

_____

Superintendent of Schools

_____

Date