School/Department:	
Principal/Supervisor:	
Date of Submission:	

Submit forms to: info@esd.ca

Bereavement - Send a copy of the obituary with this form if available					
Name of Staff Member	Full Name of Family Member	Relationship to Staff Member	Donation To: (Name/Address)		

Illness					
Hospitalization/ Illness/Surgery	Date of Absence (10+ days)	Fruit Basket (OFFICE USE ONLY)			

Congratulations					
	 Completes a degree Receives a special honour Receives an award 				
Section A	Name of Staff Member	Description	Letter of Congratulations (OFFICE USE ONLY)		
	 An addition to the family Marriage (include name of spouse) Acknowledging the death of a recently retired employee 				
Section B	Name of Staff Member	Description	Card (OFFICE USE ONLY)		