

**Sunflower County Consolidated School District**  
*"United For Excellence"*

**REQUEST FOR ABSENCE DUE TO BEREAVEMENT LEAVE**

Employee Name: \_\_\_\_\_

Date(s) of Absence: \_\_\_\_\_

Bereavement Relationship: \_\_\_\_\_

**Bereavement Leave**

When death should occur in the immediate family of any employee, the employee will be entitled to a maximum of three (3) days of absence with pay.

**Immediate Family** is defined as spouse, mother, father, siblings, children, grandparents, step/foster parents/children and coordinating in-laws.

I certify that this request meets the requirements for use of Bereavement Leave.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
School/Work Site

Attach documentation that supports bereavement relationship. Leave will be charged against personal leave until proper documentation is submitted.