



## 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.

\_\_\_\_\_ Approved

Request meets bereavement leave guidelines

\_\_\_\_\_ Denied

Request does not meet bereavement leave guidelines

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date