

Appendix B

BEREAVEMENT DAY REQUEST

I _____ am requesting
bereavement leave due to the death of my

_____, _____.
Relationship Name

The date(s) requested are _____.

Submitted By

Date

Supervisor Approved _____

Denied _____

Superintendent Approved _____

Denied _____

Bereavement leave for the immediate family shall be five (5) days (father, mother, brother, sister, son, daughter, husband, wife, parent-in-law, or near relative who resides in the same household, or any person with whom the employee has made his/her home).

Bereavement leave for a near relative shall be three (3) days (first cousin, grandfather, grandmother, grandchild, aunt, uncle, niece, nephew, son-in-law, daughter-in-law, brother-in-law and sister-in-law).