

BEREAVEMENT FORM

Name _____

School _____

PROCEDURE:

Two days for bereavement leave shall be granted for the death of persons with whom a teacher had a close relationship. This leave applies to those individuals excluded by the State Board of Education definition governing sick leave. This leave is conditional on:

- a. The teacher having exhausted all personal leave provisions.
- b. The prevailing substitute pay (\$96.82 per day) will be deducted from the teacher wages for these additional days.
- c. Bereavement days shall not accumulate from year to year.

BEREAVEMENT LEAVE REQUEST:

DEATH IN NON-IMMEDIATE FAMILY

DATES OF ABSENCE: _____

NUMBER OF DAYS/HOURS: _____

STATE RELATIONSHIP: _____

EMPLOYEE'S SIGNATURE

DATE

APPROVED

DISAPPROVED

APPROVAL AUTHORITY

DATE