



## **BEREAVEMENT LEAVE FORM**

*A CBA member is granted up to four (4) consecutive working days leave with pay in the event of the death of any member of an employee's immediate family, which shall be defined as spouse, child, parent, mother-in-law, father-in-law, grandparent, grandchild, sister, brother, son-in-law, or daughter-in-law. Leave shall be granted for (1) working day leave with pay in the event of the death of an employee's aunt, uncle, niece, nephew, brother-in-law, or sister-in-law.*

**Employee's Full Name:** \_\_\_\_\_

**Date(s) of Bereavement Leave:** \_\_\_\_\_

**Name of the Deceased Relative:** \_\_\_\_\_

**Decedent's Exact Relationship to Employee:** \_\_\_\_\_

\_\_\_\_\_  
*Employee's Signature*

\_\_\_\_\_  
*Date*

**By signing this, I am ensuring that the above information is correct.**

**THIS COMPLETED FORM IS DUE TO YOUR SUPERVISOR UPON RETURN OF YOUR LEAVE IN ORDER TO RECEIVE CREDIT. PLEASE KEEP A COPY FOR YOUR RECORDS AND AS A COURTESY PLEASE SEND A COPY TO THE SUPERINTENDENT'S OFFICE TO ENSURE ACCURACY IN RECORD KEEPING.**