



Updated: March 22, 2017

RIVERSIDE EDUCATION ASSOCIATION (REA)

BEREAVEMENT LEAVE CLARIFICATION & GUIDANCE

LANGUAGE FROM THE COLLECTIVE BARGAINING AGREEMENT (CBA) AND UPDATED BY A MEMORANDUM OF UNDERSTANDING (MOU) SIGNED ON 3/7/2017

UP TO A (4) DAYS BEREAVEMENT LEAVE:

- Parent
- Child
- Mother-in-law
- Father-in-law
- Grandparent
- Grandchild

LANGUAGE FROM SECTION 1154 OF THE PUBLIC SCHOOL CODE OF 1949

UP TO A (1) DAY BEREAVEMENT LEAVE:

This leave is only granted on the day of the funeral.

- First cousin
- Aunt
- Uncle
- Niece
- Nephew
- Son-in-law
- Daughter-in-law
- Brother-in-law
- Sister-in-law

((c) amended July 13, 2016, P.L.716, No.86)
Provisions may expire or be altered by the state



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Collective Bargaining Agreement reads as follows:

Up to four (4) consecutive working days leave with pay shall be granted in the event of the death of any member of a teacher's or spouse's immediate family or household. Household shall mean any family member or person with whom you have made a home.

This should be further defined as; parent, child, mother-in-law, father-in-law, grandparent or grandchild.

LANGUAGE FROM SECTION 1154 OF THE PUBLIC SCHOOL CODE OF 1949

(c) Whenever a professional or temporary professional employe is absent because of the death of a near relative, there shall be no deduction in the salary of said employe for absence on the day of the funeral. The board of school directors may extend the period of absence with pay in its discretion as the exigencies of the case may warrant. A near relative shall be defined as a first cousin, grandfather, grandmother, grandchild, aunt, uncle, niece, nephew, son-in-law, daughter-in-law, brother-in-law or sister-in-law.

((c) amended July 13, 2016, P.L. 716, No. 86)

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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 a teacher's or spouse's immediate family or household.

Employee's Full Name: _____

Date(s) of Bereavement Leave: _____

Name of the Deceased Relative: _____

Employee's Exact Relationship to the Decedent: _____

Employee's Signature *Date*

By signing this, I am ensuring that the above information is correct. "Household" shall mean any family member or person with whom you had made a home.

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 CC' OUR PAYROLL DEPARTMENT AND THE SUPERINTENDENT'S OFFICE ON IT TO ENSURE ACCURACY IN RECORD KEEPING.