



BEREAVEMENT LEAVE FORM

An REA 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.