

CERTIFICATED BEREAVEMENT LEAVE REQUEST

NAME: \_\_\_\_\_

SITE: \_\_\_\_\_

DATE: \_\_\_\_\_

I would like to request Bereavement Leave as follows:

Relationship: \_\_\_\_\_

Date(s) of Absence: \_\_\_\_\_

Distance to Funeral: \_\_\_\_\_

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

\_\_\_\_\_  
Supervisor's Signature

PVEA Contract – Article 11.10 – Bereavement Leave

- a. Bereavement Leave, without loss in pay, will be granted for four (4) days for a death of a unit member's immediate family (mother, father, grandmother, grandfather, grandchild of the employee or of the employee's spouse, and the spouse, son, son-in-law, daughter, daughter-in-law, brother or sister of the employee or any relative living in the immediate household of the employee as defined in ED 44985). This section will also include step- child, step-parent, mother-in-law, father-in-law, brother-in-law, sister-in-law and registered domestic partner. The unit member is entitled to six (6) days if travel to the funeral/memorial is more than three-hundred (300) miles.
  
- b. Bereavement Leave shall be used within sixty (60) workdays of the death of an immediate family member. The days used do not have to be consecutive. In special circumstances, this time may be extended by the Assistant Superintendent of Human Resources.

SEND FORM DIRECTLY TO PAYROLL DEPARTMENT

Rev. 07/01/2018

