



ANNE ARUNDEL COUNTY PUBLIC SCHOOLS

Memo To: Director of Employee Relations From: Subject: Bereavement Leave Request	Date	File Code *
	Instructions: Copies to:	

In accordance with the terms of the Negotiated Agreement and/or Policy Code 800.20, I am requesting an additional day of bereavement leave.

Name: _____ Social Security No. _____

Home Address: _____

Type of Employee: Unit I _____ Unit II _____ Unit III _____ Unit IV _____ Unit V _____,
Other-Specify _____

Work Location: _____

Relationship of Deceased: _____

Dates of Absence: _____

Date of Death: _____ Date of Funeral _____

I am requesting an additional day(s) for the following reason:

I recommend approval/disapproval:
(Circle One)

Principal's/Supervisor's Signature Date