



Bereavement Leave Request

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

Name		Employee ID	
Home Address	City	State	Zip
Type of Employee <input type="checkbox"/> Unit I <input type="checkbox"/> Unit II <input type="checkbox"/> Unit III <input type="checkbox"/> Unit IV <input type="checkbox"/> Unit V <input type="checkbox"/> Other – Specify: _____		Work Location	
Relationship to Deceased	Date of Death	Date of Funeral	Date(s) of Absence

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

Recommendation

- Approval
- Disapproval

Principal/Supervisor Signature

Date