



BEREAVEMENT FORM

Name _____

School _____

PROCEDURE:

Two days for bereavement leave shall be granted for the death of persons with whom a teacher had a close relationship. This leave applies to those individuals excluded by the State Board of Education definition governing sick leave. This leave is conditional on:

- The teacher having exhausted all paid personal and sick leave provisions if applicable per HUM-A029.
- The prevailing substitute pay (96.82) will be deducted from the teacher wages for these additional days.
- Bereavement days shall not accumulate from year to year.

BEREAVEMENT LEAVE REQUEST:

☐ DEATH IN NON-IMMEDIATE FAMILY

DATES OF ABSENCE: _____

NUMBER OF DAYS/HOURS: _____

STATE RELATIONSHIP: _____

EMPLOYEE'S SIGNATURE

DATE

☐ APPROVED

☐ DISAPPROVED

Supervisor/Principal Signature

DATE