



ALUM ROCK UNION ELEMENTARY SCHOOL DISTRICT

2930 Gay Avenue, San José, CA 95127 · Phone: 408-928-6800 · Fax: 408-928-6416 · www.arusd.org

AREA BARGAINING UNIT EMPLOYEE BEREAVEMENT REQUEST FORM

Bereavement Leave Policy (AREA Bargaining Unit Contract, 15.3)

15.3 Bereavement Leave

15.3.1 Bereavement Leave is leave at full pay. An Employee shall be granted five (5) days of Bereavement Leave. Death of a member of his/her immediate family includes the following: mother, father, wife, husband, son, daughter, brother, sister, grandmother, grandfather, grandchildren, son-in-law, daughter-in-law, mother-in-law, father-in-law, step-mother, step-father, step-son, step-daughter, step-brother, step-sister, fiancé (e) and/or significant other. Upon request of the employee, the Assistant Superintendent of Human Resources may grant Bereavement Leave for persons not listed above. Under unusual circumstances, Personal Necessity Leave may be granted.

TO: CERTIFICATED PERSONNEL

FROM: _____
Name of employee (please Print) Location/Department

The following is a: (check one)

- A. Request for bereavement leave for relative listed (AREA contract 15.3.1)
- B. Request for bereavement leave for "persons not listed above" (AREA contract 15.3.1)

Please complete the appropriate section below to correspond with the information above

A. REQUEST FOR BEREAVEMENT LEAVE FOR RELATIVE LISTED

Name of deceased person: _____ Relationship _____

Dates(s) of bereavement leave: _____

B. REQUEST FOR BEREAVEMENT LEAVE FOR "PERSONS NOT LISTED ABOVE"

Name of deceased person: _____ Relationship _____

Dates(s) of bereavement leave: _____

Rationale for request: _____

Employees Signature: _____ Date: _____

FOR OFFICE USE ONLY	
Human Resources: _____	Date: _____
REVIEWED:	A for Relative Listed
OPTION:	B for "Persons Not Listed Above": APROVED <input type="checkbox"/> DENIED <input type="checkbox"/>