

**TEAMSTER BARGAINING UNIT EMPLOYEE
BEREAVEMENT REQUEST AND/OR VERIFICATION**

Bereavement Leave Policy Teamster Bargaining Unit Contract 10.1.1)

A classified bargaining unit employee shall be granted necessary leave of absence of three (3) days, or five (5) days if more than 200 miles of travel is required, in the event of death of any member of his/her immediate family. An additional two (2) days shall be granted to either time period if the employee is directly involved in funeral preparations; a written request for these two (2) additional days must be submitted to the Assistant Superintendent of Human Resources for approval.

Members of the immediate family, as used in this section, means the mother, father, grandmother, grandfather, or grandchild of the employee or of the spouse of the employee, 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. – Teamster 10.1.1

Verification of Bereavement Leave Upon Return From Leave Teamster 10.1.4.2)

Members of the bargaining unit shall/may be required to complete a leave verification form provided by the District. _____

TO: CLASSIFIED PERSONNEL

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

The following is a: (Check one or more)

- A. _____ Verification of bereavement leave
- B. _____ Request for two (2) additional days bereavement leave for employee who was directly involved in funeral preparations.
- C. _____ Request for bereavement leave for “other relatives, or persons of close affinity.” Teamster Contract 10.5.1.2)

Please complete the appropriate section (s) below to correspond with the information above

- A. **VERIFICATION OF BEREAVEMENT LEAVE**
Name of deceased person: _____ Relationship _____
Date(s) of bereavement leave being verified: _____
City and State services were held: _____
- B. **REQUEST FOR TWO (2) ADDITIONAL DAYS OF LEAVE FOR EMPLOYEE WHO WAS DIRECTLY INVOLVED IN FUNERAL PREPARATIONS**
Date(s) of two additional days of bereavement leave request: _____
- C. **REQUEST FOR BEREAVEMENT LEAVE FOR “OTHER RELATIVES, OR PERSONS OF CLOSE AFFINITY”**
Date(s) of bereavement leave being verified: _____
Name of deceased person: _____ Relationship _____
City and State services were held: _____

Employee Signature: _____ *Date:* _____

Assistant Superintendent: _____ *Date:* _____
Human Resources

APPROVED: A B C