



ALUM ROCK UNION ELEMENTARY SCHOOL DISTRICT

CLASSIFIED MANAGEMENT EMPLOYEE BEREAVEMENT REQUEST AND/OR VERIFICATION

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, stepmother, mother-in-law, father, stepfather, father-in-law, grandmother, grandfather, or grandchild of the bargaining unit employee and the spouse, and the spouse, son, stepson, son-in-law, daughter, stepdaughter, daughter-in-law, brother, stepbrother, sister, stepsister, and fiancé of the bargaining unit member, or any relative/significant other living in the immediate household of the bargaining unit member.

Verification of Bereavement Leave upon Return From Leave

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."

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: _____

Chief Human Resources Officer: _____ Date: _____

APPROVED: A B C