



ALUM ROCK UNION ELEMENTARY SCHOOL DISTRICT

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

CERTIFICATED MANAGEMENT BEREAVEMENT REQUEST FORM

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 above
- B. Request for bereavement leave for "persons not listed above"

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: _____	
OPTION:			
A	For persons listed Above:	APROVED <input type="checkbox"/>	
B	"For persons not listed Above" :	APROVED <input type="checkbox"/>	DENIED <input type="checkbox"/>