

APPLICATION FOR BEREAVEMENT LEAVE -Local 98

DATE OF APPLICATION _____

NOTE: Bereavement leave for death in the "immediate family". This is defined as deaths of parents, persons in lieu of parents, wife or husband, children, brothers and sisters, brother or sister-in-law, daughter or son-in-law, grandchildren, grandparents, parents of spouse, or members of the employee's household. Up to five (5) days are allowed for each death and are not counted against emergency leave.

NAME OF APPLICANT _____

BUILDING _____ GRADE/DEPARTMENT _____

DATE(S) OF LEAVE _____

Indicate relationship to you _____

Information required if attending funeral:

Name of deceased _____

Name of Funeral Home: _____

Address of Funeral Home _____

Funeral Home Phone number _____

Signed _____

The above request and alternatives have been reviewed:

Comments: _____

Requested absence recommended _____

Requested absence **NOT** recommended _____

Signed _____

Building Principal/Supervisor

The above absence is approved: with deduction from bereavement leave _____

with deduction from pay _____

with deduction from sick leave _____

The above absence is not approved: _____

Signed _____

Human Resources Specialist