

APPLICATION FOR BEREAVEMENT LEAVE -Local 743

DATE OF APPLICATION _____

NOTE: Personal/Bereavement leave for death in the "immediate family". This is defined as deaths of parents, persons in lieu of parents, including step parents, spouse or domestic partner, children including step children, siblings and step siblings, brother or sister-in-law, daughter or son-in-law, grandchildren, grandparents, or parents of spouse. Up to five (5) days are allowed for each death and are not counted against personal 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