

HACIENDA LA PUENTE UNIFIED SCHOOL DISTRICT

CERTIFICATED

PERSONAL LEAVE: BEREAVEMENT

HLPTA

Management

EMPLOYEE'S NAME: \_\_\_\_\_ SCHOOL/DEPT. \_\_\_\_\_ POSITION \_\_\_\_\_

A. **DEFINITION** - A bereavement leave is granted to enable an employee to absent himself from his duties due to: a death in the immediate family; official notice in time of warfare of a member of the immediate family missing in action; official notice of a deceased member of the immediate family being returned to this country for internment.

Immediate family is defined to include:

- |  |                                     |
|--|-------------------------------------|
| Mother (Stepmother)  | Sister-in-law                       |
| Mother-in-law  | Brother (Stepbrother)               |
| Father (Stepfather)  | Sister (Stepsister)                 |
| Father-in-law  | Grandfather of employee (or spouse) |
| Husband  | Grandmother of employee (or spouse) |
| Wife   | Son-in-law of employee              |
| Son (Stepson)  | Daughter-in-law of employee         |
| Daughter (Stepdaughter)  | Legal Guardian of employee          |
| Grandchild of employee (or spouse)                                 | Foster Children                     |
| Brother-in-law   | Registered Domestic Partner         |
| Or any relative living in the immediate household of the employee. |                                     |

B. **LENGTH OF LEAVE** - Leave shall be granted for five days. If more than one death occurs simultaneously, a leave may be granted for each death and such leaves may be consecutive.

C. **EFFECT ON BENEFITS** - Time spent on bereavement leave shall count toward all benefits as though active service were rendered.

D. **REQUEST PROCEDURE** - The employee shall make oral request to the school principal or division head.

E. **SPECIAL CONDITIONS** - Bereavement leave shall not be granted during leaves of absence.

REASON FOR BEREAVEMENT: **Death of** \_\_\_\_\_

DATES OF ABSENCE:

_____ Day 1	_____ Day 2	_____ Day 3	_____ Day 4	_____ Day 5
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EMPLOYEE'S SIGNATURE	Employee Identification EID # (REQUIRED)	DATE
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PRINCIPAL/DEPARTMENT HEAD SIGNATURE	DATE
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H.R. APPROVAL SIGNATURE	DATE
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**NOTE: Please complete and return all three sheets to Human Resources.**

White - Payroll      Canary - Employee      Pink - School/Dept.