

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 three days. If out-of-state travel is required, or if in-state travel distance is beyond 300 miles, the leave shall be granted for five days to be taken within ten calendar days after demise or notification of date of funeral. 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:

LOCAL: _____

300 MILES/OUT OF STATE: _____

Please list city/state: _____

EMPLOYEE'S SIGNATURE

Employee Identification EID # (REQUIRED)

DATE

PRINCIPAL/DEPARTMENT HEAD SIGNATURE

DATE

H.R. APPROVAL SIGNATURE

DATE

NOTE: Please complete and return all three sheets to Human Resources.

White - Payroll

Canary - Employee

Pink - School/Dept.