

HACIENDA LA PUENTE UNIFIED SCHOOL DISTRICT
CLASSIFIED

PERSONAL LEAVE: BEREAVEMENT

CSEA

S.E.I.U.

Supervisory/Confidential

EMPLOYEE'S NAME: _____ SCHOOL/DEPT. _____ POSITION _____

A. BEREAVEMENT LEAVE

Probationary, permanent, and provisional employees in the classified service shall be allowed regular pay for not more than three working days when absent because of the death of any member of his immediate family. Bereavement leave with pay shall be extended to a maximum of five days when and employee is required to travel a distance (one-way) greater than 300 miles or out of state and travel is necessary in connection with the bereavement. (CSEA Article # 14.6. S.E.I.U. Article # 14.6)

Members of immediate family means:

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

B. Personnel Commission Rule

The superintendent or his designee shall have the discretion to grant bereavement leave to an employee for persons other than those of his immediate family when unusual circumstances exist (CSEA Article # 14.6.3)

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.