



OXNARD SCHOOL DISTRICT

1051 South "A" Street • Oxnard, California 93030 • 805/385-1501 • www.oxnardsd.org

Bereavement Leave Request Form

Instruction to the Employee: Please complete the entire form prior to or upon your return to work and submit it to leaves@oxnardsd.org

Employee Information

Employee ID/PSL #: _____ Certified Classified Location: _____

Last Name: _____ First Name: _____ M.I.: _____

Address: _____

City, State, Zip: _____

Phone Number: _____ Email: _____

Eligible Family Member Information

Name of Family Member: _____

Date of Decease: _____

Select Family Relationship:

- | | | |
|--|--|--|
| <input type="checkbox"/> Mother | <input type="checkbox"/> Mother-in-law | <input type="checkbox"/> Daughter |
| <input type="checkbox"/> Father | <input type="checkbox"/> Father-in-law | <input type="checkbox"/> Daughter-in-law |
| <input type="checkbox"/> Spouse/Registered Domestic Partner | | <input type="checkbox"/> Sister |
| <input type="checkbox"/> Grandmother (select one): <input type="checkbox"/> Maternal <input type="checkbox"/> Paternal | | <input type="checkbox"/> Sister-in-law |
| <input type="checkbox"/> Grandfather (select one): <input type="checkbox"/> Maternal <input type="checkbox"/> Paternal | | <input type="checkbox"/> Brother |
| <input type="checkbox"/> Grandchild | | <input type="checkbox"/> Brother-in-law |
| <input type="checkbox"/> Son | | <input type="checkbox"/> Step-Relatives specify: _____ |
| <input type="checkbox"/> Son-in-law | | <input type="checkbox"/> Other: _____ |

Time Off Needed

Date(s): _____

Location(s) of Funeral/Services: _____

I certify that the above information is true and correct.

Employee Signature: _____ Date: _____

For Human Resources Only

Date: _____ Initials: _____
 Emailed: Employee, Site, Payroll, and Human Resources
 Select one: Fron tline: Entry or Update

CSEA CBA 16.2, OEA CBA Article VI: Leaves of Absence/
Bereavement Leave, OSSA CBA Article 11.5 Bereavement Leave