

Bereavement Leave

To align with state guidelines under OFLA, the district requires that bereavement leave must be completed within 60 days of the date on which the employee receives notice of the death of the family member

Certified Section 13.3 Bereavement Leave:

Bereavement Leave: Five days' leave with pay shall be authorized by the District in the event of death of any member of the immediate family. Two additional paid days shall be available when out of state travel is required. For the purposes of this section, immediate family is defined as follows:

- A) Spouse, domestic partner (opposite sex or same sex domestic partner);
- B) Mother or father of the member or spouse/domestic partner;
- C) Children, grandchildren or grandparents of member or spouse/domestic partner;
- D) Brother or sister of the member or spouse/domestic partner;
- E) Step relatives or in-laws for any listed above of the member or spouse/partner;
- F) Aunt or uncle of the member or spouse/domestic/partner;
- G) Any other individual member of the same household.

Classified Section 9. Bereavement:

- A. Five (5) days leave with pay will be authorized by the District in the event of death per immediate family member. Two additional paid days shall be available when out of state travel is required and is in excess of 100 miles one way. Employees must provide documentation of distances over 100 miles.
- B. For the purposes of this section, immediate family is defined as follows:
 - a) Spouse, domestic partner (opposite sex or same sex domestic partner);
 - b) Mother or father of the member or spouse/domestic partner;
 - c) Children, grandchildren or grandparents of member or spouse/domestic partner;
 - d) Brother or sister of the member or spouse/domestic partner;
 - e) Step relatives or in-laws for any listed above of the member or spouse/partner;
 - f) Aunt or uncle of the member or spouse/domestic/partner;
 - g) Any other individual member of the same household.

OFLA: An eligible employee is entitled to take up to a total of two weeks of OFLA leave to deal with the death of a family member.

NAME (Print): _____ Building: _____

DATE(S) OF Absence	_____	_____
	_____	_____
	_____	_____

Relationship of deceased to employee _____

Date of knowledge of death: _____

Employee's Signature

Superintendent or Designee

Date of report _____