Murfreesboro City Schools

REQUEST FOR BEREAVEMENT LEAVE

Personnel shall be granted bereavement leave up to three (3) days in the event of a death of an immediate family member. Immediate family member shall include the employee's spouse, parents/legal guardians, grandparents, children, grandchildren, siblings, mother-in-law, father-in-law, daughter-in-law, son-in-law, brother-in-law, sister-in-law, stepmother, stepfather, stepsiblings, stepchildren, step-grandchildren, and foster children.

Personnel shall be granted bereavement leave up to one (1) day in the event of a death of a cousin, aunt, uncle, niece, or nephew. If requested, employees shall be granted an additional one (1) day of leave if the service is more than 50 miles from the employee's home and the employee provides documentation of such.

If additional days are needed for bereavement of an immediate family member, personnel can use up to four (4) additional sick days without the requirement of a doctor's note. If more than four (4) additional days are needed, the employee will need to contact Human Resources to provide documentation and complete paperwork for FMLA leave (see Board Policy 5.305.)

Documentation verifying the bereavement event and qualifying relationship is required in all bereavement leave claims in addition to this form. Acceptable verification includes, but is not limited to, an obituary or service program. Please forward the completed form and verification to Kathleen Hunsicker in the Human Resources Department.

Employee's Name: _____

School/Location: _____

Date(s) of Bereavement Leave: _____

Total Days Absent Due to Bereavement: _____

Name of Deceased: _____ Date of Death: _____

Relationship to Deceased: _____

All time off for bereavement should be entered in Skyward/Frontline as sick and/or personal up front. Once processed by HR, your sick/personal time will be given back to you according to the policy above.

"By submitting this form, I hereby affirm all relationships and dates indicated above are true."

_____ _____

Employee's Signature Date

_____ _____

Supervisor's Signature Date