HACIENDA LA PUENTE UNIFIED SCHOOL DISTRICT

BEREAVEMENT LEAVE

CLASSIFIED: ☐ SEIU/Confidential

EMPLOYEE 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 five working days when absent because of the death of any member of his immediate family. (Per AB1949 The leave must be completed within three months of the death)

Members of immediate family means:

Parent (Stepparent)	Sibling (Stepsibling)
Parent-In-law	Grandparent
Spouse	Son-in-law of employee
Son (Stepson)	Daughter-in-law of employee
Daughter (Stepdaughter)	Legal Guardian of employee
Brother-in-law	Foster children
Sister-in-law	Registered Domestic Partner
Grandchild of employee (or spouse)	

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/her immediate family when unusual circumstances exist.

REASON FOR BEREAVEMENT: Death of ______________________________ Location: ___________________________________

DATE(S) OF ABSENCE:
(District -paid days)

____________ ____________ ____________ ____________ ____________
Day 1 **Day 2** **Day 3** **Day 4** **Day 5**

_______________________________________ ___________________________ _______________________
EMPLOYEE'S SIGNATURE EID NO. (REQUIRED) DATE

____ _________________________
PRINCIPAL/DEPARTMENT HEAD SIGNATURE DATE

____ _________________________
HUMAN RESOURCES APPROVAL SIGNATURE DATE

White- Payroll Canary- Employee Pink- School/Dept Form #1865-B (Rev. 4/2026)