



Granite City Community Unit School District #9

APPLICATION FOR BEREAVEMENT LEAVE

Date of Application: _____

Note: Please refer to your collective bargaining agreement for specific qualifications of immediate family.

Name of Applicant: _____

Building: _____ Local 743____; Local 4956____; Local 98____; Crafts____; Other____

Date(s) of Leave: _____ Relationship to you: _____

Information required if requesting Bereavement Leave and attending the funeral:

Name of deceased: _____ **Date of death:** _____

Funeral Home Information (Name, Address and Phone):

Notification to GCSD employees about the deceased (select one):

- ☐ Please do not share this information
☐ Please share this information via All District email
☐ Please share this information via building level email
☐ Please include address for condolences in communication:

List other district employees who are connected to the deceased: _____

Comments:

Employee Signature: _____

Building Principal/Admin use only

Requested absence recommended: _____
Requested absence NOT recommended: _____

Signature (Building Principal/Supervisor): _____ **Date:** _____

Human Resources use only

The above absence is approved: _____: with deduction from bereavement leave.
_____: with deduction from pay.
_____: with deduction from sick leave.

The above absence is not approved: _____

Signature (Human Resources Specialist): _____ **Date:** _____