



REQUEST FOR ABSENCE DUE TO BEREAVEMENT LEAVE (CLASSIFIED)

Employee Name: _____

Date(s) of Absence: 1) _____
 2) _____
 3) _____
 4) _____
 5) _____

Bereavement Relationship**: _____

****CSEA Contract Article 10.2 – Bereavement**

Bargaining unit members shall be granted a leave with full pay in the event of the death of any member of the bargaining unit member's immediate family. The leave shall be for a period of five (5) days in the event of death for any of the following immediate family members: husband, wife, mother, father, sister, brother, son, daughter, mother-in-law, father-in-law, grandfather, grandmother, son-in-law, daughter-in-law, grandchild, foster parent, stepparent, stepson, stepdaughter, foster son, foster daughter, brother-in-law, sister-in-law, or any person living in the immediate household of the bargaining unit member. The leave shall be for three (3) days in the event of death for any of the following family members: aunts, uncles, nieces, nephews, and first cousins. No deduction shall be made from the salary of bargaining unit members taking Bereavement Leave nor shall such leave be deducted from other leave granted by this article. Unit members shall complete a form stating the family relationship. The Request for Bereavement Leave form shall be placed in the Appendix (see Appendix J).

10.2.1

Bereavement Leave does not need to be taken all at one time but shall be completed during the six months after the death of the person for whom the leave is being taken. The Superintendent/designee in collaboration with CSEA may extend the timeline of completion of the bereavement leave.

Documentation of the death shall be provided to the employer and shall be submitted within thirty (30) work days of the first day of bereavement leave, sixty (60) work days if the death occurs in another country. Documentation may consist of a death certificate, obituary, or written verification of death, burial or memorial service from the mortuary, funeral home, burial society, crematorium, religious institution or government agency. Other forms of documentation may be considered in collaboration with Personnel Support Services and CSEA.

I certify that this request meets the requirements for use of Bereavement Leave as defined by Article 10.2 and 10.2.1 of the Collective Bargaining Agreement between the District and the Lake Elsinore CSEA Chapter #598.

Employee Signature

Date

School/Work Site