

HACIENDA LA PUENTE UNIFIED SCHOOL DISTRICT

BEREAVEMENT LEAVE

MANAGEMENT: ☐ Classified ☐ Certificated

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 three 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:

Mother (Stepmother)
Father (Stepfather)
Mother-in-law
Father-in-law
Husband
Wife
Legal Guardian of employee

Son (Stepson)
Daughter (Stepdaughter)
Brother
Sister
Son-in-law of employee
Daughter-in-law of employee

Brother-in-law
Sister-in-law
Grandchild of employee/spouse
Grandmother of employee/spouse
Grandfather of employee/spouse
Foster children
Registered Domestic Partner

REASON FOR BEREAVEMENT: Death of _____ Location: _____

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

Day 1 Day 2 Day 3

FOR LOCAL ONLY- EXTENDED DATE(S) OF ABSENCE (AB 1949):
(NOT District-paid days)

Day 4 I will use: ☐ Vacation (if applicable) ☐ Sick Leave ☐ Unpaid

Day 5 I will use: ☐ Vacation (if applicable) ☐ Sick Leave ☐ Unpaid

DATE(S) OF ABSENCE: 300 Mile/out of State:
(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