

Sunflower County Consolidated School District

"United For Excellence"

REQUEST FOR ABSENCE DUE TO BEREAVEMENT LEAVE

Employee Name: _____

Date(s) of Absence: _____

Bereavement Relationship: _____

Bereavement Leave

When death should occur in the immediate family of any employee, the employee will be entitled to a maximum of three (3) days of absence with pay.

Immediate Family is defined as spouse, mother, father, siblings, children, grandparents, step/foster parents/children and coordinating in-laws.

I certify that this request meets the requirements for use of Bereavement Leave.

Employee Signature

Date

School/Work Site

Attach documentation that supports bereavement relationship. Leave will be charged against personal leave until proper documentation is submitted.