

CARTHAGE ELEMENTARY SCHOOL DISTRICT #317

BEREAVEMENT LEAVE REQUEST FORM

SUPPORT STAFF

IN THE CASE OF THE DEATH OF AN EMPLOYEES' AND/OR AN EMPLOYEE'S SPOUSE'S IMMEDIATE FAMILY MEMBER, SUCH EMPLOYEE WILL BE PERMITTED TO TAKE UP TO THREE (3) BEREAVEMENT DAYS, PER INCIDENT, WITHOUT LOSS OF PAY. "IMMEDIATE FAMILY" SHALL MEAN: SPOUSE, PARENTS, BROTHERS, SISTERS, CHILDREN, GRANDPARENTS, GRANDCHILDREN, AND LEGAL GUARDIANS OR ANY RELATIVE LIVING IN EMPLOYEE'S HOME OR BEING SUPPORTED BY AN EMPLOYEE. THE THREE DAYS TAKEN AS BEREAVEMENT LEAVE SHALL NOT BE DEDUCTED FROM THE EMPLOYEE'S ACCUMULATED SICK LEAVE.

DATE REQUESTED FOR BEREAVEMENT LEAVE _____

EMPLOYEE MAKING REQUEST _____

DATE REQUEST IS MADE _____

FAMILY RELATIONSHIP _____

SIGNATURE OF PRINCIPAL

DATE

☐ APPROVED ☐ NOT APPROVED

SIGNATURE OF SUPERINTENDENT

DATE

☐ APPROVED ☐ NOT APPROVED