

Today's Date: _____

GREENBURGH ELEVEN UFSD

Name _____ I.D. #: _____

Date(s) of Bereavement Leave: _____

BEREAVEMENT LEAVE REQUEST for death of parent, sibling, child, spouse or other member of the family residing with the staff member.

I am applying for Bereavement Leave of 3 days because of the death of (Check one):

- 1. Parent _____
- 2. Sibling _____
- 3. Child _____
- 4. Spouse _____
- 5. Other member of the family residing with me _____

BEREAVEMENT LEAVE REQUEST for death of in-law or blood relative, including grandparents not residing in the household, aunts, nephews, nieces and cousins.

I am applying for Bereavement Leave of 1 day because of the death of (Check one):

- 1. In-Law _____
- 2. Grandparent _____
- 3. Aunt _____
- 4. Uncle _____
- 5. Nephew _____
- 6. Niece _____
- 7. Cousin _____

Supervisor's Signature: _____ Date _____

Superintendent's Approval: _____ Date _____

lm/bereavmn/word/c

(1) WHITE - Upon Approval to Database Administrator; (2) YELLOW - Upon Approval to Staff; (3) PINK - Upon Approval to Principal/Supervisor; (4) GOLD - Preapproved to Staff