



EMPLOYEE BEREAVEMENT ABSENCE REQUEST FORM

Employee Name

Employee ID No.

Request the Following Dates (not to exceed 3 days): _____

Bereavement Absences

An employee who is contracted to work 20 hours a week and above shall be granted compensated bereavement time **not to exceed three (3) days per annum**, prorated to FTE, where such an absence is necessary due to a death in the employee's immediate family or employee's spouse's/partner's immediate family.* If there is a need for additional time for bereavement, and an employee has accrued paid time, the employee may use that time for an additional days. This additional time may fall under the application of Policy GCCC and must be approved by the Governing Board. (An employee who is contracted less than 20 hours a week shall be granted uncompensated bereavement time not to exceed three (3) days per annum prorated to FTE.)

* **"Immediate family"** is defined as:

- 1) The spouse or domestic partner of the employee;
- 2) The children (including son-in-law/daughter-in-law), parents, siblings, grandchildren, or grandparents of the employee or the employee's spouse or domestic partner;
- 3) Relatives living within the household who can be claimed as a dependent.

Please identify the immediate family member relationship

Employee Signature

Work Site

Date

TALENT MANAGEMENT ONLY:

Approved

Not Approved

Comments:

Talent Management - Signature

Date

Submit this form to Talent Management, MS #13, or email to nbran@kyrene.org