



MCCSC SERVICE STAFF BEREAVEMENT LEAVE REQUEST FORM

Form Submission Guidelines:

1. Prior to need or unless extenuating circumstances
2. On day of return to duties

Employee Name: _____ Building: _____

Date(s) leaves requested: _____ (Read Policy Below)

Name of Deceased: _____ Relationship: _____

Funeral Home/Address: _____

MCCSC Policy 4421:

Each employee shall be entitled to bereavement leave not to exceed five school days with pay on account of death in the immediate family during the period before and after death. In the case of death of other relatives, the employee shall be entitled to bereavement leave of one day without loss of compensation.

1. Employees will notify their immediate supervisor of intent to use bereavement leave.
2. Immediate family is defined as father, mother, brother, sister, child, wife, husband, grandparent, grandchild, step-father/mother/brother/sister, foster father mother/brother/sister, father/mother-in-law, and any other person who at the time of death was living as a member of the household of the employee.
3. "Death of other relatives" referred to in the policy statement is interpreted to include the employee's uncle, aunt, first cousin, niece, nephew, son-daughter-in-law, brother/sister-in-law (sibling's spouse and spouse's siblings), spouse's grandparent, or spouse's step-parent.
4. The above regulations will include the following non-instructional personnel:
 Custodial, Maintenance, Food Service, Educational support Personnel, Extended Day Personnel, Electronic Support Staff, Transportation Drivers and Monitors

It is my understanding that the spirit of the policy is to provide leave for the above stated reasons using professional judgment and that any attempt to falsify the above information is just cause for disciplinary action based on MCCSC Board Policy No. 4150.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____