**ILLINI WEST HIGH SCHOOL DISTRICT #307**

***BEREAVEMENT LEAVE REQUEST FORM***

***SUPPORT STAFF***

In the case of the death of an employee’s 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. For the purpose of this section, immediate family shall be defined as the spouse, parents, children, legal guardians, grandparents, brothers, sisters, aunts, uncles, cousins or grandchildren of the employee or the employee’s spouse. The three days taken as bereavement leave shall not be deducted from the employee’s accumulated sick leave. Additional days may be granted with the approval of the superintendent.

Employee Making Request:

Date(s) Requested for Bereavement:

Date Request Is Made:

Family Relationship:

***A copy of the processed request will be returned to staff member by e-mail.***

**Principal** **Superintendent**

*Approved by Electronic Signature Approved by Electronic Signature*

*Shown Above Shown Above*

[ ]  NOT APPROVED [ ]  NOT APPROVED

 BY PRINCIPAL BY SUPERINTENDENT

***OFFICE USE:***

*Substitute assigned: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_*

*Revised 8/10/10*