



**TEACHER AIDE BEREAVEMENT LEAVE REQUEST FORM**

**Cayuga-Onondaga Bereavement Policy:**

**3 days for Immediate Family** – Spouse, child, parent of either spouse, grandparents, grandchildren, siblings of either spouse or any dependent living in the household of the employee.

**1 day to attend funeral** of either spouses: Aunt, Uncle, Nephew or Niece.

Instructions: Employees should use this form to *request/report absences* related to funeral/bereavement. Once the form has been completed, it must be submitted to the Director of Special Ed.

Employee Name: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Building Location: \_\_\_\_\_ Position: \_\_\_\_\_

Relationship of Family Member	Date of Death	Date of Funeral	Date of Leave		Total Days/Hours
			Start Date	End Date	
			Total Days		

Additional Comments:

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Director of Special Ed Signature: \_\_\_\_\_

Date: \_\_\_\_\_