



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: _____