

## 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 Principal/Supervisor.

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

Building Location:	Position:				
			Date of Leave		
Relationship of Family Member	Date of Death	Date of Funeral	Start Date	End Date	Total Days/Hours
				Total Days	
r					
Additional Comments:					
·					
Employee Signature:				Date:	
Principal/Supervisor's Signa	ature:			1	Date: