

PIKELAND COMMUNITY UNIT DISTRICT #10

BEREAVEMENT LEAVE FORM

Each staff member shall be entitled to two (2) days of bereavement leave per year, of no less than ½ day increments without loss of pay. Twenty-four hours advance notice to the Superintendent and principal is required, except in emergency situations.

BEREAVEMENT LEAVE REQUEST INFORMATION

I, _____, am requesting a bereavement day to be used on _____.

Date

Employee Signature

<p><i>Board Office Use Only</i></p> <p>____ Bereavement Day Available</p> <p>____ Bereavement Leave Approved</p> <p>____ Bereavement Leave Denied</p>
--

Building Administrator Signature

Date

Superintendent/Designee Signature