

**PIKELAND COMMUNITY UNIT DISTRICT #10**

**BEREAVEMENT LEAVE FORM**

Each full-time 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 hour 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><b><i>Board Office Use Only</i></b></p> <p>_____ Bereavement Day Available</p> <p>_____ Bereavement Leave Approved</p> <p>_____ Bereavement Leave Denied</p> |
|---|

\_\_\_\_\_  
Building Administrator Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Superintendent/Designee Signature