

Medford Area Public School District

Funeral Leave Request Form
(Support Staff)

SUPPORT STAFF - Reference: Employee Handbook, Section 7.5

An employee is eligible for up to three (3) days, with pay, in the event of a death in the immediate family of the employee or spouse (immediate family is defined as spouse, mother, mother-in-law, step mother, father, father-in-law, step father, child, sister, step sister, brother, step brother, daughter-in-law, son-in-law, sister-in-law, brother-in-law, grandparent, step grandparent, great grandparent, grandchild, foster parent, or foster child.) If additional time off becomes necessary and is requested by the employee and approved by the District Administrator or designee, then the additional time off shall be deducted from the employee's sick leave.

A leave without loss of pay for up to one (1) full day will be allowed for attendance at a funeral of those relatives of the employee or spouse not covered in the first paragraph of this section. Relatives in this section shall mean: uncles, aunts, nieces, nephews, or cousins. If such leave is approved, a day of sick leave will be deducted from the employee's accumulated sick leave.

Request made by (staff name):		
Date(s) of requested leave:	Date of funeral:	Location of funeral:
Specify name and which relative (as defined above):		

Complete and turn in to your building principal

For Office Use Only			
<u>Disposition</u>			
<input type="checkbox"/>	Employee may go with 3 days paid		
<input type="checkbox"/>	Employee may go with 2 days paid		
<input type="checkbox"/>	Employee may go with 1 day paid		
<input type="checkbox"/>	Employee may go with 1 day paid ▶ deduct 1 day sick leave		
<input type="checkbox"/>	Employee may go without pay		
<input type="checkbox"/>	Leave request denied		
_____ Principal	_____ Date	_____ District Administrator	_____ Date