

Taylor Community School Corporation

Bereavement Day Request

Employee Name	Position	Work Location
Employee Street Address		
City		Zip Code
Workdays Absent	Name of Deceased	
	Relationship	
	Date of Funeral	
	Location of Funeral-(facility name and state)	
I hereby certify that I attended the above funeral services. I understand willful misrepresentation of any material fact in making application for Bereavement Pay will subject me to disciplinary action.		
Employee Signature	Date	
Supervisor Signature		

Five (5) school days shall be allowed immediately following the death or funeral of the employee's spouse, parent, children, brother, sister, mother-in-law, father-in-law, daughter-in-law, son-in-law, grandchildren, or a person who lives in the same home as part of the family.

Two (2) school days shall be allowed for the death of the employee's or employee's spouse's grandparent, brother-in-law, sister-in-law, niece, nephew, aunt, uncle, or first cousin.

This leave form must be submitted by the employee during the payroll period in which the funeral leave was taken.