

**REQUEST FOR PURCHASE
OF
BEREAVEMENT DAY**

Please refer to Rate Schedule for the Per Day Cost

Payment must be submitted with Form

Name: _____

Social Security No: _____ School/Department: _____

Position: _____

Bereavement Day Used On _____
Date

Relative's Name: _____ Relationship _____

Board Policy #838a - Employee may purchase one day at the substitute rate upon the death of a relative as classified: Spouse, Children, Grandchildren, Parents of employee or spouse, Siblings, their Spouses and/or their Children, Aunts and Uncles.

Amount of Payment: _____.

(limit 1 day per scholastic year / July - June)

(Bereavement Day needs to be purchased and used in the same month)

Employee Signature

Date