

## Support Staff

### Delaware Valley School District Bereavement Form

**Must be completed to receive bereavement time**

Date: \_\_\_\_\_

Employee's name: \_\_\_\_\_ BLDG: \_\_\_\_\_

Number of days requesting: \_\_\_\_\_

Dates requesting off: \_\_\_\_\_

The number of days a member can request depends on the relationship of the deceased to the member (as per the contract). Please specify which situation pertains to you and circle the appropriate relationship.

\_\_\_\_\_ **Death of immediate family member** (Identify the relationship.)  
**Not to be in excess of 5 consecutive days (as per contract)**

Shall be defined as: \_\_father, \_\_mother, \_\_brother, \_\_sister, \_\_son, \_\_daughter,  
\_\_husband, \_\_wife, \_\_parent-in-law, or \_\_near relative who resides in the same  
household, \_\_any person with whom the employee has made his/her home.

\_\_\_\_\_ **Death of near relative** (Identify the relationship.)  
**Not to be in excess of 3 consecutive days (as per contract)**

Shall be defined as: \_\_first cousin, \_\_grandfather, \_\_grandmother, \_\_aunt,  
\_\_uncle, \_\_niece, \_\_nephew, \_\_son-in-law, \_\_daughter-in-law, \_\_brother-in-law,  
\_\_sister-in-law. (Per PA School Code Section 1154 also include \_\_grandchild)

**Please attach a copy of obituary to this form if available.**

Signing this form certifies that the above information is correct and I am eligible for the days that I am requesting. If it is found that I have given false information, then I recognize that personal days will be taken for my time off.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_