

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 check 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 (step),
__daughter (step), __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: _____