



**WEST BRANCH AREA SCHOOL DISTRICT**  
 LEAVE FROM REGULAR ASSIGNMENT FORM—**PROFESSIONAL STAFF**  
 TO BE SUBMITTED UPON RETURN TO WORK

**NAME** \_\_\_\_\_ **DATE FILED** \_\_\_\_\_

This will verify that my absence on \_\_\_\_\_ was due to \_\_\_\_\_  
 [Illness, Compassionate Sick Leave, and Bereavement Leave].

Definitions:

A. **BEREAVEMENT LEAVE:** See Policy Manual: (Policies 336, 436)

1. **Immediate Family:** A professional employee shall be granted an emergency leave of not more than five (5) consecutive days, without loss of pay, upon a death occurring to a member of his/her immediate family. For the purposes of this provision, "immediate family" shall include the following: father, mother, brother, sister, son, daughter, husband, wife, parent-in-law, step-child or step-parent or any person who resides in the same household, or any person with whom the employee shall have made his/her home.

2. **Near Relative:** A professional employee shall be granted an emergency leave of not more than (1) day, without loss of pay, upon a death occurring to a near relative other than his/her immediate family **for the purpose of attending the funeral or one day contiguous to the funeral.**

a. For the purposes of this provision, a "near relative" shall include: first cousin, aunt, uncle, niece, nephew, brother-in-law or sister-in-law.

3. Not in excess of three (3) consecutive school days shall be permitted for grandparent, grandchild, son-in-law or daughter-in-law.

**\*\*If the absence was for a death leave, please list name, relationship, and date of funeral. Attach a copy of the obituary or other printed material.\*\***

B. **SICK LEAVE:** See Policy Manual (Policies 334, 434)

A physician's certificate is necessary for illness of more than two days. Please attach the certificate to this form.

C. **COMPASSIONATE SICK LEAVE:** See Policy Manual (Policies 334.1, 434.1)

I hereby certify all information given to be true and correct on this form.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

Signature of Principal or Supervisor indicates approval of leave only. Approval of paid leave is not granted until posted to employee's attendance record. Paid leave is determined by contract or written school policy.

\_\_\_\_\_  
Principal's or Supervisor's Signature

\_\_\_\_\_  
Date

Revised 06/05/2013 KNW

It is the policy of the West Branch Area School District not to discriminate on the basis of race, color, age, creed, religion, gender, sexual orientation, ancestry, national origin or handicap/disability in its educational programs, activities, or employment. Services and facilities are accessible to and usable by disabled persons as required by Title IX, Section 504 and Title VI.