



WEST BRANCH AREA SCHOOL DISTRICT
LEAVE FROM REGULAR ASSIGNMENT FORM—**SUPPORT 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 support 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, son-in-law, daughter-in-law, grandchild, near relative 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 support 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**. For the purposes of this provision, a "near relative" shall include: first cousin, grandfather, grandmother, aunt, uncle, niece, nephew, brother-in-law, sister-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

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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.