

In accordance with ARTICLE 9 of the Agreement between the *Wayne-Finger Lakes Educators' Association* and the Executive Officer...

Groups I, II, III & IV

1. Up to three (3) days with pay will be allowed for each death in the immediate family upon approval of the Director of Human Resources or designee.
2. The immediate family shall include husband, wife, children, any member of the same household, father and mother, brothers and sisters, brothers-in-law and sisters-in-law, grandmother and grandfather, grandchildren, comparable relatives of the teacher's spouse.
3. Bereavement leave in no way affects sick leave or personal leave and is not accumulative.
4. Two (2) additional days of paid bereavement leave will be available for unit members required to travel a distance greater than five hundred (500) miles each way to attend to the death of an immediate family member. ***Unit members must submit proof of distance and travel to the Director of Human Resources for approval.***

Employee's Name:		
Department/Site:		
Name of Deceased Person:		
Deceased Person's Relationship to Employee:		
Date(s) of Absence:		Requesting <input type="checkbox"/> 3 Days <input type="checkbox"/> 5 Days
Location of death if travel greater than 500 miles one way.		<input type="checkbox"/> travel documentation attached
Employee's Signature:		
Action by Director of HR <input type="checkbox"/> Approved 3 Days Paid <input type="checkbox"/> Approved 5 Days Paid <input type="checkbox"/> Approved Unpaid <input type="checkbox"/> Denied <input type="checkbox"/> Insurance	Signature of Director of Human Resources 	Date: ___ / ___ / ___

Please attach a copy of the obituary, funeral program or other supporting documentation and forward to Director of Human Resources.