

## Request for Use of Funeral Leave and/or Use of Sick Leave for Bereavement Form

Use this form when the employee is not on Absence Management self-service or must report the absence after the period has closed. For questions, contact the Payroll and Benefits Office at 707-664-2793. Email signed form to [payroll@sonoma.edu](mailto:payroll@sonoma.edu).

EMPLOYEE'S NAME: \_\_\_\_\_

RELATIONSHIP OF DECEASED TO EMPLOYEE: \_\_\_\_\_

**Funeral Leave for Unit E99 (Police officer Cadet only)**

Dates \_\_\_\_\_

Two (2) days Funeral Leave (more than 500 miles round trip)

**Funeral Leave for Bargaining Unit 11 (Academic Student Employees only)**

Dates \_\_\_\_\_

Two (2) day Funeral Leave (less than 500 miles round trip)

Dates \_\_\_\_\_

Three (3) days Funeral Leave (more than 500 miles round trip)

**Funeral Leave for Bargaining Units 1, 2, 3, 4, 5, 6<sup>1</sup>, 7, 8, 9, C99's, MPP's, M98**

Dates \_\_\_\_\_

Five days Funeral Leave

**Bereavement Leave<sup>2</sup> for all Bargaining Units**

Dates \_\_\_\_\_

Employee Using Sick Leave Credits

Funeral Leave is granted for each death of a significantly close relative, or an immediate family member. The term "significantly close relative" as used in this Article shall mean a spouse, domestic partner, the employee's or his/her spouse's mother, father, grandmother, grandfather, grandchild, son, son-in-law, daughter, daughter-in-law, brother, sister, or relative living in the immediate household of the employee. Unit 3, Unit 8 and CSUEU employees may also use funeral leave for the death of an aunt or uncle of the employee, spouse or domestic partner.

<sup>1</sup> Restrictions apply to hourly employees.

<sup>2</sup> The President may authorize up to forty (40) hours of accrued sick leave for bereavement. When one or more deaths occur in a calendar year, up to forty (40) hours of accrued sick leave credits may be authorized for each death. The death of a person in the immediate family as used in this Article shall mean close relative or other person residing in the immediate household of the employee, except domestic employees, roomers or roommates.

*If the provisions of the Memorandum of Understanding (MOU) for the bargaining unit in which the employee is placed differ from those stated or implied above, the provisions of the MOU shall supersede the above.*

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Approval Signature

\_\_\_\_\_  
Date

Payroll Use Only

\_\_\_\_\_  
Approved by Payroll & Benefits

\_\_\_\_\_  
Date