



# OXNARD SCHOOL DISTRICT

1051 South "A" Street • Oxnard, California 93030 • 805/385-1501 • www.oxnardsd.org

## Bereavement Leave Request Form

**Instruction to the Employee:** Please complete the entire form prior to or upon your return to work and submit it to [leaves@oxnardsd.org](mailto:leaves@oxnardsd.org)

### Employee Information

Employee ID/PSL #: \_\_\_\_\_  Certificated  Classified Location: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### Eligible Family Member Information

Name of Family Member: \_\_\_\_\_

Date of Decease: \_\_\_\_\_

### Select Family Relationship:

- |  |  |
|--|--|
| <input type="checkbox"/> Mother  | <input type="checkbox"/> Daughter                      |
| <input type="checkbox"/> Father  | <input type="checkbox"/> Daughter-in-law               |
| <input type="checkbox"/> Spouse/Registered Domestic Partner  | <input type="checkbox"/> Sister                        |
| <input type="checkbox"/> Grandmother (select one): <input type="checkbox"/> Maternal <input type="checkbox"/> Paternal | <input type="checkbox"/> Sister-in-law                 |
| <input type="checkbox"/> Grandfather (select one): <input type="checkbox"/> Maternal <input type="checkbox"/> Paternal | <input type="checkbox"/> Brother                       |
| <input type="checkbox"/> Grandchild  | <input type="checkbox"/> Brother-in-law                |
| <input type="checkbox"/> Son   | <input type="checkbox"/> Step-Relatives specify: _____ |
| <input type="checkbox"/> Son-in-law  | <input type="checkbox"/> Other: _____                  |

### Time Off Needed

Date(s) Funeral/Services: \_\_\_\_\_

Location(s) of Funeral/Services: \_\_\_\_\_

**I certify that the above information is true and correct.**

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Received by Administrator or Designee (Initials): \_\_\_\_\_ Date: \_\_\_\_\_

For Human Resources Only

Date: _____ Initials: _____ Emailed: Employee, Site, Payroll, and Human Resources Select one:      Fron tline: Entry <input type="checkbox"/> or Update
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CSEA CBA 16.2, OEA CBA Article VI: Leaves of Absence/  
Bereavement Leave, OSSA CBA Article 11.5 Bereavement Leave