

**APPENDIX 7**  
**MAPLE HEIGHTS CITY SCHOOLS**  
**REQUEST FOR BEREAVEMENT LEAVE**

Please fill in this form and submit to your Immediate Supervisor when attending the funeral of a relative in your immediate family (father, mother, brother, sister, spouse, child, stepparent, stepchild, immediate relative-in-law, grandparent, or grandchild).

Date: \_\_\_\_\_

I, \_\_\_\_\_, hereby request \_\_\_\_\_  
*(date/dates)*

for Bereavement Leave.

Name of Relative and Relationship \_\_\_\_\_

I CERTIFY THAT THIS BEREAVEMENT LEAVE IS NOT BEING USED IN VIOLATION OF THE MASTER AGREEMENT, ARTICLE 7.03, BEREAVEMENT LEAVE.

Signed: \_\_\_\_\_  
Applicant

\_\_\_\_\_  
Principal/Immediate Supervisor's Signature

\_\_\_\_\_  
Superintendent's Signature