

NESPA Bereavement Leave Request

This form applies to all non-instructional employees who fall under the NESPA Bargaining Agreement who are applying for the 1 paid day of Bereavement Leave that is allotted through the contract regardless of available sick/ personal/ vacation time per year. *

Documentation of the death, such as an official death notice, newspaper obituary, or funeral program should accompany this form.

Date: _____

Employee Name: _____

Work Location: _____

Position: _____

Telephone Number/ Extension: _____

Name of person deceased: _____

Your relation to the deceased: _____

Date you were absent due to death: _____

Approved by HR: _____

Date: _____

*NESPA or NTA employees wishing to take paid Bereavement Days after exhausting all available sick/ personal/ vacation time should put that request, along with accompanying documentation to Mr. Scott Hodges, in the Human Resources Department.