



**RELIGIOUS/BEREAVEMENT/JURY DUTY LEAVE REQUEST FORM**

I am requesting the following leave (check one):

\_\_\_\_\_ **Bereavement Leave**

In the event of a death in the immediate family (parents, siblings, spouse, children, parents-in law, grandparents and other members of the immediate household), the member shall be entitled to leave with pay for up to five (5) days following the day of death and up to three (3) days to attend the funeral of an aunt or uncle. The Executive Director or his/her designee may, at his/her discretion, grant additional time for bereavement leave to all bargaining unit members. Such additional time could be either for extra time for the categories listed above or for initial time for individuals who do not fall into the categories listed above. (Check one.)

\_\_\_\_\_ Immediate family/other member of the immediate household

\_\_\_\_\_ Aunt/uncle

\_\_\_\_\_ **Jury Duty**

The Board agrees that members who are called for jury duty shall not suffer any loss in income.

- a. The member shall continue to be paid at the same base rate he or she would have been paid had he or she not been required to serve.
- b. At the end of such service the member will sign over to the LABBB Collaborative checks received for jury duty not including payment for mileage and other expenses or present a certified check for the amount of such pay to the Collaborative.

\_\_\_\_\_ **Religious Leave**

Written request for required observance of religious holidays shall be made one (1) week in advance to the Executive Director. Such leave will not exceed three (3) days. Such absence will not be charged to sick leave or to personal day. Travel time to and from places of religious worship is not covered by this Section.

Employee Name: \_\_\_\_\_

Date(s) Requested: \_\_\_\_\_

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PROGRAM DIRECTOR

\_\_\_\_\_  
DATE

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_