

Epping School District/SAU #14
213 Main Street
Epping, NH 03042
(603) 679-8003

Paraprofessional Bereavement Day Request Form

Name: _____

Building (Circle One): EES EMS EHS Today's Date: _____

Date(s) Requested: _____

Relationship:

An employee shall be entitled to at least four (4) paid days for the following relations:

- | | | |
|------------------------------------|-------------------------|-----------------------|
| _____ A person who acted as parent | _____ Brother | _____ Child/Stepchild |
| _____ Father/Stepfather | _____ Grandchild | _____ Grandparent |
| _____ Legal household resident | _____ Mother/Stepmother | |
| _____ Sister | _____ Spouse | |

An employee shall be entitled to one (1) paid day for the following relations:

- | | | |
|---------------------|----------------------|-----------------------|
| _____ Aunt | _____ Brother-in-law | _____ Daughter-in-law |
| _____ Father-in-law | _____ Mother-in-law | _____ Niece |
| _____ Nephew | _____ Sister-in-law | _____ Son-in-law |
| _____ Uncle | | |

Additional days with pay may be granted due to extenuating circumstances, at the discretion of the Superintendent. Provide explanation of extenuating circumstances below: (If more room is needed use back of form)

Approved by Principal: _____

Approved by Superintendent (if necessary): _____