

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

Teacher 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 five (5) paid days for immediate family relations:

- | | | |
|---------------------|------------------------|--------------|
| _____ Brother | _____ Child/Dependents | _____ Father |
| _____ Father-in-law | _____ Grandparent | _____ Mother |
| _____ Mother-in-law | _____ Sister | _____ Spouse |

An employee shall be entitled to one (1) paid day per year for non-immediate family relations:

- | | | |
|------------|--------------|-------------|
| _____ Aunt | _____ Cousin | _____ Uncle |
|------------|--------------|-------------|

**Additional days or exceptions may be granted at the discretion of the Superintendent.
Provide explanation of request for exception below: (If more room is needed use back of form)**

Approved by Principal: _____

Approved by Superintendent (if necessary): _____