

NIAGARA FALLS CITY SCHOOL DISTRICT BEREAVEMENT ABSENCE FORM

NAME _____

Date(s) of Bereavement _____

Relationship: Please place a **X** in front of appropriate description below.

Bargaining Unit:

ASC <input type="checkbox"/>	NFT <input type="checkbox"/>	NIAS <input type="checkbox"/>	CSEA <input type="checkbox"/>	TAUL <input type="checkbox"/>
<input type="checkbox"/> Parent	<input type="checkbox"/> Parent	<input type="checkbox"/> Parent	<input type="checkbox"/> Parent	<input type="checkbox"/> Parent
<input type="checkbox"/> Child	<input type="checkbox"/> Child	<input type="checkbox"/> Child	<input type="checkbox"/> Child	<input type="checkbox"/> Child
<input type="checkbox"/> Brother	<input type="checkbox"/> Brother	<input type="checkbox"/> Brother	<input type="checkbox"/> Brother	<input type="checkbox"/> Brother
<input type="checkbox"/> Sister	<input type="checkbox"/> Sister	<input type="checkbox"/> Sister	<input type="checkbox"/> Sister	<input type="checkbox"/> Sister
<input type="checkbox"/> Spouse	<input type="checkbox"/> Spouse	<input type="checkbox"/> Spouse	<input type="checkbox"/> Spouse	<input type="checkbox"/> Spouse
<input type="checkbox"/> Mother-in-law	<input type="checkbox"/> Mother-in-law	<input type="checkbox"/> Mother-in-law	<input type="checkbox"/> Mother-in-law	<input type="checkbox"/> Mother-in-law
<input type="checkbox"/> Father-in-law	<input type="checkbox"/> Father-in-law	<input type="checkbox"/> Father-in-law	<input type="checkbox"/> Father-in-law	<input type="checkbox"/> Father-in-law
<input type="checkbox"/> Grandparent	<input type="checkbox"/> Grandparent	<input type="checkbox"/> Grandparent	<input type="checkbox"/> Grandparent	<input type="checkbox"/> Grandparent
<input type="checkbox"/> Aunt	<input type="checkbox"/> Aunt	<input type="checkbox"/> Aunt	<input type="checkbox"/> Aunt	<input type="checkbox"/> Aunt
<input type="checkbox"/> Uncle	<input type="checkbox"/> Uncle	<input type="checkbox"/> Uncle	<input type="checkbox"/> Uncle	<input type="checkbox"/> Uncle
<input type="checkbox"/> Nephew	<input type="checkbox"/> Nephew	<input type="checkbox"/> Nephew	<input type="checkbox"/> Nephew	<input type="checkbox"/> Nephew
<input type="checkbox"/> Niece	<input type="checkbox"/> Niece	<input type="checkbox"/> Niece	<input type="checkbox"/> Niece	<input type="checkbox"/> Niece
<input type="checkbox"/> Direct Brother-in-law	<input type="checkbox"/> Direct Brother-in-law	<input type="checkbox"/> Direct Brother-in-law	<input type="checkbox"/> Direct Brother-in-law	<input type="checkbox"/> Direct Brother-in-law
<input type="checkbox"/> Direct Sister-in-law	<input type="checkbox"/> Direct Sister-in-law	<input type="checkbox"/> Direct Sister-in-law	<input type="checkbox"/> Direct Sister-in-law	<input type="checkbox"/> Direct Sister-in-law
<input type="checkbox"/> Direct Daughter-in-law	<input type="checkbox"/> Direct Daughter-in-law	<input type="checkbox"/> Direct Daughter-in-law	<input type="checkbox"/> Direct Daughter-in-law	<input type="checkbox"/> Direct Daughter-in-law
<input type="checkbox"/> Direct Son-in-law	<input type="checkbox"/> Direct Son-in-law	<input type="checkbox"/> Direct Son-in-law	<input type="checkbox"/> Direct Son-in-law	<input type="checkbox"/> Direct Son-in-law
<input type="checkbox"/> Grandchild	<input type="checkbox"/> Grandchild	<input type="checkbox"/> Grandchild	<input type="checkbox"/> Grandchild	<input type="checkbox"/> Grandchild
<input type="checkbox"/> Any member of the immediate household	<input type="checkbox"/> Any member of the immediate household	<input type="checkbox"/> Any member of the immediate household	<input type="checkbox"/> Any member of the immediate household	<input type="checkbox"/> Step-Parent
				<input type="checkbox"/> Step-Child
				<input type="checkbox"/> Any member of the immediate household

Please sign and date this form and return to **Maria A. Massaro** in the Human Resources Office upon return to work.

Signature

Date

Reference:

ASC Article VIII D

NFT Article 22 Section 22.3

NIAS Article 18, Section C, #1

CSEA Article V, Section 5.42, F

TAUL Article V, Section 5.20