

Bourne Public Schools

36 Sandwich Road
Bourne, MA 02532
508.759.0660
508.759.1107 (fax)

REQUEST FOR ADDITIONAL BEREAVEMENT DAY OF ABSENCE

(To be deducted from accumulated Sick Leave)

Name: _____

School: _____

Date(s) Requested: _____ Full: _____ Half: _____

Have you been granted other additional Bereavement Days during the current school year?

Yes No If yes, how many? _____

The reason for the requested additional Bereavement Day is:

Signature of Employee

Date

Your request for an additional Bereavement Day of absence is Approved Not Approved

Superintendent

Date

