

**This is a two-page form. Please read the policy on the reverse side if printed, or on page 2 if received as an email attachment.**



*Southern California Conference of  
Seventh-day Adventists*

**BEREAVEMENT LEAVE REQUEST**

**(Submit request to your Supervisor before taking leave. Return to H.R. Dept.)**

Worker's Name: \_\_\_\_\_

Region/Dept: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name of Deceased: \_\_\_\_\_ Date of Death: \_\_\_\_\_

How are you related to the deceased? (Please circle one of the following relationships)

<b><u>One week of bereavement leave:</u></b> Spouse    Child    Son-in-law or Daughter-in-law Parent/Parent-in-law	<b><u>Two consecutive work days of bereavement leave:</u></b> Brother/Sister    Grandparent    Grandchild Brother-in-law/Sister-in-law    Legal Guardian Step-parent    Step-child
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Consecutive Bereavement Leave days requested:

First day of leave (month/day/year):	Last day of leave (month/day/year):

If I am a pastor, the following will speak in my church(es) while I am away on leave:

Name of church(es)	Date	Name of speaker	Speaker's phone number
Church:			
Second church in district	Same day as above.		

In case of an emergency, I can be reached at:

Dates	Address	Phone Number

I understand that these bereavement leave days will be recorded with the SCC Human Resources and Payroll Departments, but will not count against my vacation bank.

(Worker's Signature) \_\_\_\_\_ (Date) \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Approved by Supervisor: \_\_\_\_\_ (Signature) \_\_\_\_\_  
Date

Supervisor name: \_\_\_\_\_ (Printed)

Approved by Human Resources Dept: \_\_\_\_\_  
Date



# *Southern California Conference of Seventh-day Adventists*

## **211 D. BEREAVEMENT LEAVE AND FUNERAL ATTENDANCE** SCC Employee Handbook Amendment

### **PURPOSE**

The Southern California Conference provides paid time off to employees for absences related to the death of a close or immediate family member

### **ELIGIBILITY**

Regular full-time employees are eligible for paid bereavement leave as are regular, part-time benefit-eligible employees (on a pro-rata basis) for the purpose of attending the funeral and/or memorial service of a deceased relative. The employee may be required to provide validation of the death of the relative or of funeral attendance.

### **POLICY**

Paid bereavement leave: Bereavement leave is granted to eligible employees according to the following schedule. Should an employee request additional leave time beyond the scope of this policy, it may be granted by the supervisor and taken as personal paid leave (non-exempt employees), vacation (exempt employees) or unpaid time off. Requests for variation from this policy must be submitted through the worker's supervisor to the Human Resources Department which will then present the request to the appropriate committee.

Employees may be granted up to one continuous work week of the employee, for loss of a spouse, child, daughter/son-in-law or parent/parent-in-law of employee.

Employees may be granted up to two consecutive work days for loss of grandparent, grandchildren, brother/sister of employee, brother/sister-in-law of employee, legal guardian(s) of employee, step-parent or step children.

Funeral Time: Employees may take up to four hours paid funeral time to attend the local funeral of a current, regular full-time or regular part-time co-worker or Southern California Conference retiree. Requests must be made in writing in advance to the employee's supervisor who will submit the request to SCC Human Resources. Employees will need to take vacation or unpaid time off to attend funerals for other than those listed in this policy.

If you have any questions, please feel free to call the SCC HR Department at (818) 546-8415.