



Bereavement Leave

Bereavement Leave Granted in Accordance with the Collective Bargaining Agreement

Five (5) days (prorated by FTE) of paid Bereavement Leave is granted to bargaining unit members in accordance with his/her Collective Bargaining Agreement to use in the event of the death of an immediate family member*. This leave may be used to attend the funeral or alternative to a funeral, to make arrangements necessitated by the death, or to grieve.

Employees should record bereavement leave granted by his/her Collective Bargaining Agreement in the Absence Management System as Bereavement Leave.

For additional information regarding the contractual provisions covering Leaves, please review the information in the appropriate collective bargaining agreement.

[NWEA \(licensed staff\) – Article 8, Section D](#)

[OSEA \(classified staff\) – Article 13.2](#)

Bereavement Leave Granted to OFLA Eligible Employees

An Oregon Family Medical Leave Act (OFLA) eligible employee**taking leave to deal with the death of an immediate family member is entitled to a total of 10 days of Bereavement Leave (five days granted in accordance with his/her CBA and five days granted by OFLA).

Bereavement Leave provided by OFLA shall be counted towards the total period of OFLA leave allowed (generally 12 weeks), within a 12 month period. Bereavement Leave must be completed within 60 days of the date on which the eligible employee receives notice of the death of the family member.

If possible, employees should provide their supervisors with as much advanced notice as possible. When advanced notice is not possible, employees must give verbal or written notice within 24 hours after commencement of the leave. This notice may be given by any other person on behalf of an employee taking unforeseeable OFLA leave. A supervisor may require written notice by the employee within three days of the employee's return to work.

To request Bereavement Leave granted by OFLA, the employee should complete the Bereavement Leave Request Form and request an OFLA application by emailing Kathy Fernandez, HR Specialist at kfernandez@nwresd.k12.or.us. Once Human Resources receives the completed OFLA application and determines eligibility, the employee will receive a determination letter officially approving his/her request. Employees may use accrued leaves (sick, vacation, and/or personal leave) to provide income during the five (5) days of OFLA Bereavement Leave. If no accrued leave is available, leave may be taken without pay.

Employees granted Bereavement Leave under OFLA should record the hours in the Absence Management System as FMLA/OFLA.

Definitions

*Immediate Family Member is defined as Spouse; same-gender domestic partner; custodial, non-custodial, adoptive, foster, or biological parent; parent-in-law; parent of same gender domestic partner; biological, adopted, foster or step child; child of an employee's same-gender domestic partner; grandparent or grandchild of the employee; a person with whom the employee was in a relationship of in loco parentis.

** Oregon Family Medical Leave Act (OFLA) eligibility: The employee must be employed at least 180 days and also work at least an average of 25 hours a week during the 180 days before leave begins.



Bereavement Leave Request Form

TO REQUEST BEREAVEMENT LEAVE

To request bereavement leave, please complete the Bereavement Leave Request Form and forward it to your supervisor.

Employee ID: _____

Employee Name: _____

Supervisor: _____

Date(s) of Requested Leave: _____

Total Hours: _____

Employee's Relationship to the Deceased: _____

I have reviewed the contractual provisions covering leaves in my Collective Bargaining Agreement and I confirm that this request is within those provisions.

Employee's Signature

Date

Human Resources

The above request is: Approved

Denied

Additional information for the employee:

HR Specialist's Signature

Date

Eligibility and Designation Notice sent to employee