

|                          |  |                           |  |
|--------------------------|--|---------------------------|--|
| Faculty Member's Name:   |  | Employee ID:              |  |
| Department/School:       |  | College:                  |  |
| Name of Deceased:        |  | Relationship of Deceased: |  |
| Leave Date(s) Requested: |  |                           |  |

*If applicable, do you wish to apply sick time after Bereavement Leave is exhausted? (Maximum of forty (40) hours of accrued sick leave may be authorized - Article 24)*

No                      Yes                      If yes, enter number of hours: \_\_\_\_\_

*If applicable, do you wish to apply your Personal Holiday after Bereavement Leave is exhausted?*

No                      Yes

**I have notified my department of my request for Bereavement Leave for the date(s) listed above.**

Faculty Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*For information on Bereavement Leave, refer to the CSU-CFA Collective Bargaining Agreement, Unit 3 Faculty, Article 23.*

*Submit completed form to University Personnel, Extended Zip 0046 or via email to [anita.vasquez@sjsu.edu](mailto:anita.vasquez@sjsu.edu).*

|   |  |           |             |
|---|--|-----------|-------------|
| <b>Office of Faculty Affairs Use Only</b> |  |           |             |
| Approved:                                 | Yes:   | No:       |             |
| <b>Paid Time Applied:</b>                 |  |           |             |
| Bereavement:                              | _____  | Sick:     | _____       |
| Personal Holiday:                         | _____  | Vacation: | _____       |
| Faculty Affairs Signature:                | _____  |           | Date: _____ |
| cc:                                       | College<br>Department<br>Personnel Action File |           |             |