

|                          |  |                           |  |
|--------------------------|--|---------------------------|--|
| 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 the Office of Faculty Affairs:  
 ADM 218, Extended Zip 0021, or via e-mail to Molly Marquez at molly.marquez@sjsu.edu.*

**Office of Faculty Affairs Use Only**

**Approved:    Yes            No**

**Paid Time Applied:**

Bereavement: \_\_\_\_\_ Sick: \_\_\_\_\_ Personal Holiday: \_\_\_\_\_ Vacation: \_\_\_\_\_

Faculty Affairs Signature: \_\_\_\_\_ Date: \_\_\_\_\_

cc:      College  
           Department  
           Personnel Action File