

THE GRADUATE SCHOOL & UNIVERSITY CENTER

Instructional Staff
Special Leave for Bereavement Request Form
Confidential

INSTRUCTIONS: The Special Leave for Bereavement request form should be submitted to the Office of Human Resources after the approval is secured by Executive Officer/Head of Office/Supervisor.

Section A: To be completed by the Employee.

Graduate Center _____ Graduate School of Journalism _____ CUNY School of Professional Studies _____

Name (Print) _____ (School) Start Date: _____

Department _____ Contract Title _____

I hereby apply for a special leave for bereavement* for the period from _____ to _____

Employee's Signature _____ **Date** _____

Section B: To be completed by the Executive Officer/Head of Office/Supervisor.

Recommendation of the Executive Officer/Head of Office/Supervisor:

Approved

Not Approved

Print Name: _____ **Signature:** _____

Date: _____

Section C: For College Human Resources Office Use Only

Total personal days requested and approved for this academic year: _____

Reviewed and approved by: _____
Authorized HR Officer, GSUC (Print Name)

Signature: _____ **Date:** _____

* In accordance with pertinent provisions of the CUNY Bylaws, Sec. 13.5. In general special leaves for bereavement should be restricted to members of the immediate family. Immediate family is defined as: spouse, natural/foster/step parent, mother-in-law, father-in-law, brother, sister, child, grandchild, or any relative residing in the same household. Please attach documentation.