

COMPASSIONATE LEAVE APPLICATION

Bus Drivers

This form is to be completed by all HPSD bus drivers who have taken Compassionate Leave of Absence as a result of the death of the following relatives as per section 13.3 of the Collective Agreement:

Section 13.3 An employee shall be granted up to four (4) consecutive working days leave of absence without loss of regular wages or benefits in the event of death of an Employee's spouse, parent, child, brother, sister, grandparent, grandchild, mother-in-law, father-in-law, son-in-law, daughter-in-law, sister-in-law, niece, nephew, aunt, uncle, or brother-in-law. In recognition of the fact that circumstances which call for bereavement leave are based on individual circumstances, the Employer, on request, may grant additional bereavement leave without pay.

Section 13.3.1 An employee shall be granted an additional five (5) days leave of absence without loss of regular wages or benefits in the event of death of an Employee's spouse or child.

This is to certify that I, _____, was absent from duties for _____ days on _____ in order to attend to the death of my _____ (family relationship).

(date)

(signature of employee)

Approved:

Superintendent of Schools

Date