

Bereavement Leave**Section 4.2.5****PURPOSE**

To establish the policy and procedure for the use of bereavement leave.

AUTHORITY

Applicable Memorandum of Agreement (MOA) or Benefit and Compensation Summary for Management/Professional Employees (Compensation Summary). Information contained in the current MOA or Compensation Summary supercedes information contained herein to the contrary.

SCOPE

This policy and procedure applies to all eligible benefited employees.

POLICY

When an eligible employee of the City finds it necessary to be absent from work due to the death of a relative that is listed in this section, the employee shall be entitled to the use of bereavement leave, with full pay, subject to provisions of the applicable MOA or Compensation Summary.

As soon as the need for a bereavement leave is known, the employee, or someone on his/her behalf, must notify the employee's immediate supervisor.

The employee is responsible for certifying as to his/her need for the use of a bereavement leave on the Request for Bereavement Leave Form.

BEREAVEMENT LEAVE BENEFITS

A. For benefited employees represented by the following employee units:

- Association of Engineers and Architects (AEA hourly and salaried)
- Association of Management Supervisory Personnel (AMSP)
- Association of Building, Mechanical and Electrical Inspectors (ABMEI)
- City Association of Management Personnel (CAMP)
- International Brotherhood of Electrical Workers, Local 332 (IBEW)
- Executive Management (Unit 99)
- Municipal Employees' Federation, AFSCME Local 101 (MEF)
- International Association of Operating Engineers, Local 3(OE#3)
- Unclassified non-management employees in Unit 82

Bereavement Leave**Section 4.2.5**

Each full-time or benefited part-time employee shall be granted bereavement leave with full pay for up to 40 work hours to attend to the customary obligations arising from the death of any of the following relatives of the employee or employee's spouse or employee's domestic partner as listed below. All leave must be used within 14 calendar days following the death of an eligible person. Under extreme circumstances, the 14-day requirement may be waived by the Director of Employee Relations. The decision of the Director of Employee Relations shall be final, with no process for further appeal.

- Parents/Step-parents
- Spouse
- Child/Step-child
- Brother/Sister; Step-brother/sister; Half-brother/sister
- Grandparents/Step-grandparents
- Great grandparents/Step-great grandparents
- Grandchild
- Brother/Sister-in law/Son/Daughter-in-law
- Domestic Partner

A domestic partner must be the domestic partner registered with the Department of Employee Services.

No eligible employee shall be granted bereavement leave in the event of the death of any of the above relatives, if such employee is not scheduled to work when such bereavement leave is required.

B. For employees represented by the San Jose Police Officers' Association (POA):

Each full-time employee shall be granted bereavement leave with full pay for a period of forty (40) consecutive hours in the event of the death of any of the following relatives of such employee or employee's spouse:

- Parent/Step Parent
- Child/Step-Child
- Spouse
- Brother/Sister/Step-Brother/Step-Sister/Half-Brother/Half-Sister
- Grandparent/Step-Grandparent
- Great Grandparent/ Step- Great Grandparent
- Grandchild
- Domestic Partner
- Brother/Sister-in law/Son/Daughter-in-law

Bereavement Leave**Section 4.2.5**

A full time employee who experiences the death of a significant other with whom he/she is co-habiting in lieu of a spouse is entitled to the same bereavement leave as outlined above for the death of that significant other.

Notwithstanding the foregoing, no such employee shall be granted bereavement leave in the event of the death of any of the above relatives, if such employee is not scheduled to work when such bereavement leave is required.

- C. For employees represented by the International Association of Fire Fighters, Local 230 (IAFF):

Each full-time employee shall be granted bereavement leave with full pay for a period of four (4) days in the case of employees on other than twenty four (24) hour shifts or two (2) work shifts, for personnel assigned to work twenty four (24) hour shifts, in the event of the death of any of the following relatives of such employee or employee's spouse:

- Parents
- Step-parents
- Spouse
- Child/Step-child
- Brother/step-brother/half-brother
- Sister/step-sister/half-sister
- Grandparent/step-grandparent
- Great-grandparent/step-great-grandparent
- Grandchild

A full time employee who experiences the death of a significant other with whom he/she is co-habiting in lieu of a spouse is entitled to the same bereavement leave as outlined above for the death of that significant other only.

Anything hereinabove to the contrary notwithstanding, no such employee shall be granted bereavement leave in the event of the death of any of the above relatives, if such employee is not scheduled to work when such bereavement leave is required.

Employees are eligible for bereavement leave, as described above, even though the funeral of the designated relative does not occur on the employee's regularly scheduled work day; however, the employee is not eligible for bereavement leave on days when the employee is not scheduled to work or at any time more than ten (10) calendar days after the death of the designated relative except under special circumstances (e.g. delayed funeral).

Bereavement Leave**Section 4.2.5****PROCEDURE**

The City employee shall adhere to the following established procedure for reporting and verifying bereavement leave usage to the best extent possible.

RESPONSIBILITYACTION

Employee or someone on his/her behalf	<p>Notify immediate supervisor of need for bereavement leave, relationship of deceased to employee and dates of leave.</p> <p>Prepare <i>Request for Bereavement Leave Form</i> and forward to the immediate supervisor of the employee requiring bereavement leave.</p>
Immediate Supervisor	<p>Verify that bereavement leave usage is in accordance with the benefits listed in the Bereavement Leave Benefits section and the applicable MOA.</p> <p>Complete supervisor's portion of the <i>Request for Bereavement Leave Form</i> and forward to the Department Timekeeper.</p>
Departmental Timekeeper	<p>Verify bereavement leave usage in accordance with the Bereavement Leave Benefits section and the applicable MOA.</p> <p>Ensure that timesheet reflects Bereavement Leave.</p>

Approved:

 /s/ Alex Gurza
Director of Employee Relations

 1/31/2006
Date

City of San Jose Request for Bereavement Leave

EMPLOYEE INSTRUCTIONS	<ol style="list-style-type: none"> 1. Please sign and return this form to your Immediate Supervisor no later than the first working day following your return from bereavement leave. Note that the department may require additional verification for use of Bereavement Leave. Such verification must be submitted within 10 working days of the request. 2. Please refer to the MOA for your bargaining unit or the applicable benefit summary for additional information regarding eligible relatives and the maximum length of Bereavement Leave. 		
Name of Employee	Classification	Department	
Phone Number	Employee ID No.	Days Taken	Hours Taken
EMPLOYEE CERTIFICATION			
<p>I _____ declare that it was necessary for me to take Bereavement Leave</p> <p style="padding-left: 40px;">Print Name</p> <p>on/from _____ to _____ due to the death of my</p> <p>_____ on _____.</p> <p style="padding-left: 40px;">Relationship Name of Deceased Date</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Employee Signature Date</p>			
SUPERVISOR CERTIFICATION			
<p>I _____ have reviewed the employee's request to use Bereavement Leave and</p> <p style="padding-left: 40px;">Print Name</p> <p>confirm that the employee is eligible for such leave.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Supervisor's Signature Date</p>			
Rev: 1/06 Office of Employee Relations			