

**SPECIAL EDUCATION ASSOCIATION OF PEORIA COUNTY**

4812 W Pfeiffer Rd., Bartonville, IL. 61607

Ph: 309-697-0880 Fax: 309-697-0884

**BEREAVEMENT DAY FORM**

Name:	School:	Position:
Date(s):	<input type="checkbox"/> AM only <input type="checkbox"/> PM only <input type="checkbox"/> All Day	
Number of days available:	(Current number of days available for use)	
Number of days used:	(Number of days <b>used</b> with this request)	
Number of days remaining:	(Days remaining)	
Are students in attendance on this day? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b><i>Employee's signature indicates that he/she has reviewed applicable handbook procedures.</i></b>		
_____ <i>Employee's Signature</i>		_____ <i>Date</i>

***** <b>FOR OFFICE USE ONLY</b> *****	
Date Received:	
<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	
Reason for Denial: <input type="checkbox"/> Number of requests exceeds contract language <input type="checkbox"/> Other:	
_____ <i>Director/Office Manager's Signature</i>	_____ <i>Date</i>
Notification of Employee:	Date:                      Notified by:
Substitute Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No	