**BEREAVEMENT LEAVE POLICY**

**BEREAVEMENT**

Full-time employees [who have completed [NUMBER] [days/weeks/months] of service] are entitled to take up to [NUMBER] day[s] of [paid/unpaid] leave following the death of an immediate family member [and up to [NUMBER] day[s] for the loss of an extended family member].

Part-time employees [with at least [NUMBER] [days/weeks/months] of service] are eligible for [paid/unpaid] leave based on their regular work schedule. For example, a part-time employee scheduled for 20 hours per week may take bereavement leave proportionate to a [40-/35-/[OTHER NUMBER OF HOURS]]-hour workweek.

Employees may also use accrued [vacation/sick leave/paid time off] if they require additional time off. [Unpaid leave may be granted at the discretion of [their supervisor/[DEPARTMENT NAME]] on a case-by-case basis.]

For the purposes of this policy, immediate family members include:

* Spouse [or [registered] domestic partner/civil union partner], including same-sex spouses.
* Parent (biological, step, or legal guardian).
* Parent-in-law.
* Child (biological, step, foster, or adopted).
* Sibling.
* [Grandparent/Grandchild].
* [Other covered relationships, such as members of the household].

[Extended family members may include [LIST OF RELATIONSHIPS, e.g., aunts, uncles, nieces, or nephews].]

[This leave may also include absences for events like miscarriage, stillbirth, failed surrogacy, or adoption within [NUMBER] months, in line with [EMPLOYER'S NAME]’s policies and applicable laws.]

Employees must inform [their supervisor/[DEPARTMENT NAME]] as soon as possible when requesting bereavement leave. [[EMPLOYER'S NAME] may request documentation, such as an obituary or death certificate, to verify the need for leave.]

**FUNERAL LEAVE**

Full-time employees [who have completed [NUMBER] [days/weeks/months] of service] may take up to [NUMBER] day[s] of [paid/unpaid] leave to attend the funeral of a relative who is not considered immediate family [or a close non-family member]. This leave is granted [on a case-by-case basis] [and] [at the discretion of [the employee’s supervisor/[DEPARTMENT NAME]]].

[Part-time employees [with at least [NUMBER] [days/weeks/months] of service] may be eligible for [NUMBER] day[s] of [paid/unpaid] funeral leave under similar circumstances. [Alternatively, part-time employees may request a change to their regular work schedule to attend the funeral of [a relative who is not immediate family] [or] [a close non-family member]. These requests will be evaluated [on a case-by-case basis] [and] [at the discretion of [the employee’s supervisor/[DEPARTMENT NAME]]].]

Employees must notify [their supervisor/the [DEPARTMENT NAME]] as early as possible when requesting funeral leave. [[EMPLOYER'S NAME] may request documentation to verify the need for this leave.]

**POLICY ADMINISTRATION**

The [DEPARTMENT NAME] is responsible for managing and enforcing this policy. For any questions about bereavement [or funeral] leave that are not covered here, please contact the [DEPARTMENT NAME].

Any misuse or abuse of this policy may result in disciplinary action, up to and including termination of employment.

**APPLICABILITY TO COLLECTIVE BARGAINING AGREEMENTS**

The terms outlined in this policy are intended to complement, but not replace, modify, or add to, the conditions established in any collective bargaining agreement (CBA) between a union and [EMPLOYER’S NAME].

Employees should refer to the terms of their collective bargaining agreement for further clarification. In cases where this policy conflicts with the terms of the CBA, the provisions of the CBA will take precedence.

This policy complies with all applicable laws and regulations in the state of Rhode Island.

**ACKNOWLEDGEMENT OF RECEIPT AND REVIEW**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (employee name), acknowledge that on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date), I received and reviewed a copy of [EMPLOYER'S NAME]’s [NAME OF POLICY]. I understand that it is my responsibility to familiarize myself with the policy and adhere to its terms.

I also acknowledge that this policy is not intended to create an employment contract or alter my at-will employment status, unless otherwise specified in a written agreement signed by an authorized representative of [EMPLOYER'S NAME]. Any delay or failure by [EMPLOYER'S NAME] to enforce the provisions of this policy does not constitute a waiver of its rights to enforce them in the future.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date