

# COCC Bereavement Leave Procedure

An employee who wishes to take time off due to the death of an immediate family member should notify his or her supervisor immediately. Bereavement leave shall be noted on the employee's timesheet or time off request form for Payroll, and a Bereavement Request Form (following) should be completed and submitted to the HR Department.

- A) To be eligible for bereavement leave protected under the Oregon Family Medical Leave Act (OFLA), an employee must meet the following four requirements:
- 1) Be employed by the college for a minimum of 180 days immediately prior to the onset of the leave; and
  - 2) Have worked a minimum average of 25 hours per week for the 180 days immediately prior to the onset of the leave. These are actual worked hours, and do not include sick leave, vacation, etc. per the guidelines set out pursuant to the Fair Labor Standards Act (See 29 CFR §785); and
  - 3) Have not exhausted all 12 weeks of OFLA protected leave within the past 12 months immediately prior to the onset of the leave; and
  - 4) Need time off due to the death of a family member as \*defined in the OFLA\*.
- B) Under OFLA only an eligible employee may take up to two weeks of leave to deal with the death of a family member\* by:
- I. Attending the funeral or alternative to a funeral of the family member
  - II. Making arrangements necessitated by the death of the family member
  - III. Grieving the death of the family member
- C) The leave must be completed within 60 days of the date on which the eligible employee receives notice of the death of a family member.
- D) An employee on OFLA bereavement leave must use accrued paid time (sick and/or vacation) prior to going unpaid.
- E) The employee is entitled to take multiple periods of bereavement leave concurrently or separately if more than one family member of the employee dies during the one-year period.
- F) Bereavement leave used is deducted from the employee's overall up to 12 week OFLA entitlement, and cannot exceed the entitlement.
- G) Two or more eligible family members who are employees are allowed to take bereavement leave at the same time for the same family member.
- H) Refer to relevant collective bargaining agreement and COCC policies.

\*"Family member" means the spouse, same-gender domestic partner, custodial parent, non-custodial parent, adoptive parent, foster parent, biological parent, parent-in-law, parent of same-gender domestic partner, grandparent or grandchild of the employee, or a person with whom the employee is or was in a relationship of in loco parentis. It also includes the biological, adopted, foster or stepchild of an employee or the child of an employee's same-gender domestic partner. Additional relations may qualify as a 'Family member' under the relevant collective bargaining agreements.

For additional information regarding your rights and responsibilities under OFLA or the relevant collective bargaining agreements, please contact Human Resources at 541-383-7216.

# Bereavement Leave Request Form

**Employee Information:**

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
 Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Address: \_\_\_\_\_ COCC ID#: 820 \_\_\_\_\_  
 \_\_\_\_\_ Hours:  FT \_\_\_\_\_  PT \_\_\_\_\_  Other \_\_\_\_\_  
 Date of Hire: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Classification:  Classified  Faculty  Administrative  ABS Department: \_\_\_\_\_

Date of Knowledge of Death:	
Beginning Date of Leave:	
Date Returning to Work:	
Date Supervisor Notified:	

If leave is taken on an intermittent basis, (2 weeks total within 60 days of notice) please provide schedule here, if known:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
 Name of the Deceased

\_\_\_\_\_  
 Relationship to Employee

\_\_\_\_\_  
 Employee Signature

\_\_\_\_\_  
 Supervisor Signature

\*For HR Use Only\*

Eligible for leave protected under OFLA       Eligible for leave protected under CBA  
 If yes, total amount allowed: \_\_\_\_\_      If yes, total amount allowed: \_\_\_\_\_

Not eligible for leave protected under OFLA       Not eligible for leave protected under CBA

Reason, if not approved: \_\_\_\_\_

\_\_\_\_\_  
 HR Representative Signature

Cc: Employee  
 Human Resources



**LEAVE REQUEST FORM**

Employee \_\_\_\_\_ Date: \_\_\_\_\_

COCC ID # \_\_\_\_\_

Department \_\_\_\_\_

Dates/Hours Requested \_\_\_\_\_

**Type of Leave:**

**REMINDER: EMPLOYEES MAY NOT UTILIZE VACATION LEAVE DURING THE FIRST SIX MONTHS OF EMPLOYMENT.**

If "vacation" time is requested within the first 6 months, the approved time off must be applied as 'Leave Without Pay'.

- Vacation  Comp time  Leave Without Pay  Bereavement\*  Emergency Leave
- Personal Leave (Faculty requests require VPI approval)

\* If Bereavement Leave is requested, please also complete the Bereavement Leave Request form

Employee Signature: \_\_\_\_\_ Date \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date \_\_\_\_\_

**INSTRUCTIONS:**

1. All leave requests must be **APPROVED** before the leave is taken.
2. The employee and Supervisor each keep a **COPY** of the approved request.
3. The **SUPERVISOR SENDS** the approved leave form to **Payroll** in Newberry Hall.
4. If the approved time is not taken, it is the employee's responsibility to submit a revised leave request form to the Supervisor for signature and forwarding to **Payroll**.
5. Classified staff must report approved leave on monthly time sheets.

*Please print this form, fill out, sign and send to:*

**Payroll – Newberry Hall**  
2600 NW College Way  
Bend, Oregon 97701-5998