	<p><b>City of Albany</b>  Human Resources Policy  Policy #: HR-BC-02-002  Title: Bereavement Leave</p>	<p align="center"><b>Benefits &amp;  Compensation</b></p>
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**Purpose**                    The City of Albany provides bereavement leave to grant paid time off to employees for absences related to the death of immediate family members.

**Policy**                    **Eligible Employees:**

All regular Nonbargaining and Executive employees are eligible for bereavement leave under this policy. Provisions of collective bargaining agreements prevail for bargaining unit employees.

City temporary employees and temporary service workers are not entitled to receive bereavement leave.

**Paid Time Granted:**


Bereavement leave is granted according to the following schedule:

- 1) In the event a regular employee suffers from a death in her/his immediate family, s/he shall be granted five (5) days leave with pay per occurrence for making arrangements or attending the funeral, which shall not be deducted from her/his accrued leave banks.
  
- 2) Additional time may be supplemented by use of other accrued 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 granted shall be noted on the employee's timesheet.

**Definitions**            **Immediate family-** shall be defined as: spouse; domestic partner, parent or stepparent; parent-in-law or stepparent in-law; brother, brother-in-law, or stepbrother; sister, sister-in-law, or stepsister; child (including step-, foster, or adopted child of employee or spouse); child's spouse; grandparent (including step-grandparent); grandchild; uncle; aunt; nephew; niece; first cousin; legal guardian parent; legal guardian child; equivalent relatives of an employee with a domestic partner, or any person in the employee's household.

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**References**      Refer to specific Collective Bargaining Agreements.

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**Review and Authorization**

Supercedes: HR-BC-02-001	Created/Amended by/date: DD; 07/01/2007	Effective Date: 08/28/2007
HR Director:	City Manager:	

1. Form or worksheet revision related to this document? No  Yes

If yes, attach a copy of the revised form or worksheet.

2. Training required? No  Yes