BEREAVEMENT LEAVE

POLICY NUMBER: ADM-BEREAVLEAVE

POLICY TYPE: ADMINISTRATIVE

RESPONSIBLE OFFICIAL TITLE: CHIEF HUMAN RESOURCES OFFICER

RESPONSIBLE OFFICE: HUMAN RESOURCES

EFFECTIVE DATE: UPON PRESIDENTIAL APPROVAL – 8/15/18

NEXT REVIEW DATE: PRESIDENTIAL APPROVAL PLUS FOUR YEARS – 8/15/22

SUPERSEDES POLICY: FUNERAL LEAVE

BOARD OF REGENTS REPORTING (CHECK ONE):

☐ PRESIDENTIAL RECOMMENDATION (CONSENT AGENDA/VOTING ITEM)

☑ PRESIDENTIAL REPORT (INFORMATION ONLY)

I. POLICY STATEMENT

Northern Kentucky University (NKU) recognizes the need for time away from work to attend and/or make arrangements following the death of a loved one. In the case of death in an employee's immediate family, NKU provides up to three (3) days paid time off work for the employee for any of the following purposes:

- attend the funeral, memorial service, or ceremony
- make necessary arrangements
- travel related to the death
- other bereavement-related issues

If additional time is needed, accrued vacation time, sick time, and/or an excused absence without pay may be requested. Decisions are the discretion of the responsible supervisor/department head upon consideration of the travel needed (local or long distance), cultural expectations, and other pertinent factors.

An employee shall be granted bereavement leave absence with pay in accordance with this policy.

- Immediate family members Up to a maximum of three (3) days leave.
- Extended family members Up to a maximum of one (1) day leave.
- Other family members or NKU employee/retiree Half-day (based on weekly schedule) leave accompanied by a minimum of 24 hours advanced notice and supervisor approval.

Relationships included in the Bereavement Leave policy:

Definition Category:	Relationship:	Number of Days Eligible
Immediate family	 Spouse or other qualified dependent Child (includes step, foster, legal guardian, in loco parentis and other qualified dependent's children, sonor daughter-in-law) Mother/Father (includes in loco parentis, in-law, step) Sibling (includes step, half, foster) Grandparents (includes step) Grandchildren (includes step, foster) Other persons employee is directly responsible for 	3
Extended family (includes step relations)	 Sister/Brother-in-law Aunt/Uncle Cousin Niece/Nephew 	1
Other family members or NKU employees/retirees	 Family that falls outside of immediate and extended family definitions Current or retired NKU employees 	½ (up to 3 ¾ or 4 hours based on weekly schedule)

II. ENTITIES AFFECTED

This policy applies to all full and part-time probationary, regular, and contract staff employees. (Temporary employees are not covered under this policy).

Part-time regular and contract employees will be allowed to take bereavement leave days based on their Full-Time Equivalent (FTE).

For example:

Part-time employee works 25 hours per week = .67 FTE.

Relationship qualifies for 3 days $(7.5 \times 3 = 22.5 \text{ hours})$ bereavement leave.

22.5 hours x .67 = 15.25 hours of bereavement leave (rounded to nearest quarter hour).

III. AUTHORITY

There are no federal or state laws mandating employers to provide employees bereavement leave to attend events such as funerals, ceremonies, or memorial services.

IV. DEFINITIONS

Days: The employee's regular rate plus shift premium if applicable, and may not exceed the employee's scheduled non-overtime hours of work for those days.

EAP: Employee Assistance Program – offers a wide range of services for employees and their family members including 24/7 access to care providers, a robust set of online resources, and counselors available across the geographic region.

Employee: A benefits eligible NKU employee with a full-time equivalent (FTE) of 0.5 or greater.

In Loco Parentis (In Place of Parent): A person that has the day-to-day responsibilities for the care and financial support of a child, or persons who had such a responsibility for the employee when the employee was a child—a biological or legal relationship is not necessary.

Other Qualified Dependent: A person who is over the age of 18, not related or legally married to the employee, who is financially interdependent and sharing primary residence with the employee and has done so for the past 12 months.

V. RESPONSIBILITIES

Employees are responsible for notifying their supervisor as soon as possible of a death and request for bereavement leave.

The supervisor is responsible for receiving requests for bereavement leave and scheduling time off as appropriate.

The Time Administrator is responsible for ensuring appropriate coding of time in SAP.

The supervisor and/or Human Resources shall offer the employee EAP to assist them during this difficult time.

VI. REPORTING REQUIREMENTS

Hourly (non-exempt) employees must record all hours taken under the Bereavement Leave policy within their time and attendance process.

Monthly (exempt) employees must record all half or full days taken under the Bereavement Leave policy within their time and attendance process.

VII. EXCEPTIONS

There may be times when a supervisor/department head approves an exception, such as a situation requiring extensive travel. Additional time off may be granted up to a maximum of two (2) additional days for Immediate and Extended Family Bereavement Leave.

Any employee who is not eligible for Bereavement Leave with pay or who requires additional time beyond the maximum allowed may request to use accrued vacation leave. After appropriate paid time has been exhausted, an employee may request additional unpaid leave at the discretion of the supervisor/department head or with the option of utilizing another leave policy.

Any additional time off must be approved in advance by the supervisor/department head.

REVISION HISTORY

REVISION TYPE	MONTH/YEAR APPROVED		
Revision & Name Change	August 15, 2018		
Funeral Leave			

BEREAVEMENT LEAVE

PRESIDENTIAL APPROVAL						
P	RESIDENT					
S	ignature	A-h Vaida	Date	8/15/18		
A	shish K. Vaidya					
BOARD OF REGENTS APPROVAL						
BOARD OF REGENTS (IF FORWARDED BY PRESIDENT)						
This policy was forwarded to the Board of Regents on the <i>Presidential Report (information only)</i> . Date of Board of Regents meeting at which this policy was reported:						
☐ This policy was forwarded to the Board of Regents as a <i>Presidential Recommendation</i> (consent agenda/voting item).						
☐ The Board of Regents approved this policy on//(Attach a copy of Board of Regents meeting minutes showing approval of policy.)						
☐ The Board of Regents rejected this policy on/(Attach a copy of Board of Regents meeting minutes showing rejection of policy.)						
EXECUTIVE ASSISTANT TO THE PRESIDENT/SECRETARY TO THE BOARD OF REGENTS						
s	ignature		Date	9.18,18		
Benjamin Jager						