

CORPORATE POLICY

SUBJECT: [Bereavement: Family Bereavement Leave Act \(FBLA\)](#)

CATEGORY: Human Resources
ORIGINAL DATE: February 26, 2020
REVIEWED DATE: [January 28, 2026](#)
REVISION DATE: [January 24, 2024](#)
[January 28, 2026](#)

I. POLICY:

It is the policy of Lake County Health Department and Community Health Center (LCHD/CHC) to allow employees to use available leave time, including sick leave, for absences related to the death of an immediate family member. Under the Family Bereavement Leave Act (FBLA), employees are allowed up to 10 days of unpaid leave. [LCHD/CHC understands the deep impact death can have on an individual or family. It is the intention of LCHD/CHC to support employees during their time of grief and bereavement.](#)

To be eligible for FBLA leave, employees must have been employed for at least 12 months prior to requesting FBLA leave and must have worked 1250 hours during the previous 12-month period.

Eligible employees are entitled to use a maximum of 2 weeks (10 workdays) of unpaid leave time in the event of:

- the death of a “covered family member,”
- a stillbirth,
- a miscarriage,
- an unsuccessful reproductive procedure,
- a failed adoption match or an adoption that is not finalized because it is contested,
- a failed surrogacy agreement, or
- a diagnosis that negatively impacts pregnancy or fertility.

The FBLA does not require that the 10 workdays be taken consecutively. A “covered family member” is an employee's child, stepchild, spouse, domestic partner, sibling, parent, mother-in-law, father-in-law, grandchild, grandparent, or stepparent. [For the loss of a child by suicide or homicide, refer to the Bereavement Leave – Child Extended Bereavement Leave \(CEBLA\) policy. A person who uses leave under the CEBLA Act because of the death of a child may not take leave under FBLA because of the death of the same child.](#)

Employees are entitled to a maximum of 6 weeks of FBLA leave if they experience the death of more than one covered family member during a 12-month period.

Lake County has contracted with [FMLASource_AbsenceResources](#) to administer Leaves of Absence, including Family Bereavement Leave. To apply, the employee must contact [FMLASource_AbsenceResources](#) at 1-877-462-3652 or visit their website at [www.AbsenceResources.com](#). [www.fmlasource.com](#).

Employees may use FBLA leave time to:

- grieve,

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- attend the funeral or alternative to a funeral of a covered family member, or
- make arrangements necessitated by the death of the covered family member.

FBLA leave time may onlymust be used within 60 days after the date the employee receives notice of the death of a covered family member.

II. SCOPE:

All Eligible LCHD/CHC full and part-time employees.

III. PROCEDURE:

A. Requesting FBLA Leave Time

1. When possible, Employees requesting time away from work for family bereavement or a funeralleave must give their supervisor reasonable advance notice, and if practicable, at least 48 hours' notice, before taking FBLA leave.
2. If an employee has available benefit time, the employee may elect to use that time including all accrued sick leave, floating/fixed holidays, compensatory time, personal days, or vacation leave. For all bereavement leave time taken, a note should be added in the timecard comment section stating "bereavement" and the appropriate dates.
3. Employees will be able to use their FBLA time in no less than fifteen (15) minute increments.based on the employee's scheduled hours.
4. Employees are required to provide reasonable documentation to AbsenceResources for FBLA leave. For leave following a death, Documentation may include a death certificate, or published obituary or written verification of death, burial, or memorial services from a mortuary, funeral home, burial society, crematorium, religious institution, or government agency. For leave following a loss or negative diagnosis related to pregnancy, surrogacy, or adoption, an employee will not be required to disclose the specific event that qualifies the employee for the leave. Documentation may be provided by a health care practitioner, or an adoption or surrogacy organization.
5. Leave taken under this policy shall be counted towards the 12 weeks of unpaid leave allowed under the Federal Family and Medical Leave Act of 1993.

B. Additional Information

Management's discretion in handling bereavement leave requests should reflect respect and sensitivity for the nature of the individual's circumstances, while ensuring consistency and fairness to other employees.

1. Other special circumstances not addressed in this policy should be discussed with the Sr. Human Resources Business Partner and the employee's supervisor to determine whether additional considerations are needed.
2. Grief and loss resources are available through LifeWorks(the Employee Assistance Program). Employees can speak to a counselor 24-hours a day, 7 days a week by calling 1-855-773-02071-833-806-8722. All calls are confidential.

IV. REFERENCES:

Personal Days Policy



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Vacation Leave Policy

Paid Holidays Policy

Sick Leave Policy

Federal and Family Medical Leave Act of 1993

Child Extended Bereavement Leave Act (CEBLA) Policy

V. AUTHORS/REVIEWERS:

Designated Review Team, Corporate Policy and Procedure Committee, Executive Team
Executive Director, Deputy Executive Director, and Lake County Board of Health Personnel Committee.

VI. APPROVALS:

Lake County Board of Health President

Signature: _____ Date: _____