



REQUEST FOR BEREAVEMENT LEAVE

This form should be completed by employees who use bereavement leave. Please forward the completed form, along with proof of death (e.g., obituary, funeral card, death certificate), to the Human Resources Department.

Date: _____

Employee's Name: _____

Department/Division: _____

Date(s) of Leave: _____

Amount of Leave Used (specify in hours): _____

Name of Deceased: _____

The deceased is my _____ (circle one):

Spouse

Domestic Partner

Civil Union Partner

Child

Legal Ward

Grandchild

Foster Child

Father/Father-in-Law

Mother/Mother-in-Law

Legal Guardian

Grandmother

Grandfather

Brother

Sister

Other: _____