

Bereavement Leave Request Form

This form should be completed by an employee who wishes to utilize bereavement leave.

Once your supervisor has signed off on the form, please forward with appropriate additional documentation to the Human Resources Department for approval and processing.

Employees Name: _____

Department: _____

Date(s) of Leave: _____

Name of Deceased: _____

The deceased is my _____ (please circle one):

Father	Daughter-In-Law	Niece
Mother	Son-In-Law	Nephew
Spouse	Grandparent (or –In-Law)	Brother-In-Law
Brother	Grandchild	Sister-In-Law
Sister	Step-Father	Step-Mother
Child	Step-Child	Legal Guardian
Mother-In-Law	Aunt	Step-Brother
Father-In-Law	Uncle	Step-Sister

Employee

Date

Supervisor

Date

Human Resources Generalist

Date