

## REQUEST FOR BEREAVEMENT LEAVE

This form should be completed by employees who use bereavement leave. Please forward the completed form to the Human Resources Department.

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):

Mother	Father	Step-Mother	Step-Father
Wife	Husband	Daughter	Son
Step-Daughter	Step-Son	Grandmother	Grandfather
Grandson	Granddaughter	Sister	Brother
Step-Sister	Step-Brother	Mother-in-Law	Father-in-Law
Son-in-Law	Daughter-in-Law	Sister-in-Law	Brother-in-Law

Legal Guardian

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date