

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

INDIAN RIVER COUNTY
INTER-OFFICE MEMORANDUM

TO: Department/Division Heads

THRU: Joseph Baird
Acting Personnel Director

FROM: Colleen Peterson
Human Resources Administrator

DATE: July 30, 2001

SUBJECT: Bereavement Leave Form

Effective immediately, the attached Request for Bereavement Leave form should be completed by all employees who use bereavement leave. Employees may complete the form prior to taking bereavement leave or immediately after returning from leave. Please send the completed forms to Personnel.

Attachment