



OFFICE OF HUMAN RESOURCES BEREAVEMENT LEAVE APPROVAL REQUEST

Employee Name: _____

N-Number: _____

I am requesting Bereavement Leave due to a death a family member / relative.*

Dates requested:

From: _____

Through: _____

Employees may use up to three (3) days of Bereavement Leave upon the death of a family member/relative.

Name of the deceased:

The deceased's relationship to you:

Employee's Signature

Date:

*Family member/relative is defined as: employee's spouse, employee's parents, employee's children and children's spouses, employee's grandparents, employee's grandchildren, employee's siblings and the sibling's spouses, employee's aunt, uncle, niece, nephew and first cousin, employee's spouse's parents, employee's spouse's children, employee's spouse's siblings, employee's spouse's grandparents, employee's domestic partner. "Relative" or "related" person also includes a person who is engaged to be married to an employee.

Approval

Approved

Supervisor's Signature

Date: