

Bereavement Leave Request Form

Employee Information:

- Name: _____
- Department: _____
- Position: _____
- Supervisor: _____

Bereavement Leave Details:

- Name of Deceased: _____
- Relationship to Employee: _____
- Date of Death: _____
- Dates of Requested Leave: From _____ to _____
- Location of Funeral/Service (optional): _____

Supporting Documentation (Check one):

- ☐ Obituary attached
- ☐ Funeral program attached
- ☐ Funeral home notice attached
- ☐ Documentation waived by HR

Employee Signature: _____ Date: _____

Supervisor/HR Approval:

- Approved: ☐ Yes ☐ No
- Notes: _____
- Supervisor/HR Signature: _____ Date: _____