

Full Name

HR/Payroll Approval

Paperwork Provided

Other Comments

Payroll - Bereavement (Funeral) Leave Request Form

Employee Information: All Fields MUST be Filled Out

Yes

No

In the event of a death of a relative, full-time (seasonal and regular) employees will be granted up to three consecutive paid days off based on your regular scheduled shift hours for the purpose of attending the funeral, memorial, or for grievance in-state and up to five consecutive paid days off based on your regular scheduled shift hours for out-of-state.

"Relative" includes spouse or spousal equivalent, children, parents, brothers, sisters, grandparents, grandchildren, uncles, aunts, nieces, nephews, mother-in-law, father-in-law, sister-in-law, brother-in-law, step mother, step father, step sister, step brother. Also, this leave is granted in the event of an employee's miscarriage.

Human Resources requires back up documentation (i.e. Obituary, copy of death certificate, etc...) to verify a request for bereavement leave. Documentation should be attached to this request form before submitting.

P	osition								
S	upervisor								
E	mployee No.								
	Details of Leave / Ab	sence							
Pá	ay Period End Date								
Sc	cheduled Days	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
Da	ays to be Paid					Λ	Aust be out of St	ate for 5 days Paid	
Re	elationship								
Telephone during Leave							Contact information must be provided		
Er	mail during Leave								
Ma	anager Print Name								
Manager Signature							If emailing, no signature needed. Email acts as		
Da	ate						signature		
	The form must be submitted by the Monday after a Pay Period has ended.								
	Payroll Use Only								