

# Bereavement Form

Please submit this form to the building secretary prior to requesting bereavement.

Employee \_\_\_\_\_

Deceased's Name \_\_\_\_\_

Deceased's Relationship to Employee (Aunt, Uncle, etc.) \_\_\_\_\_

Date of Funeral \_\_\_\_\_

Location of Funeral \_\_\_\_\_

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

Today's Date \_\_\_\_\_