



REQUEST FOR BEREAVEMENT LEAVE

(Please Print)

This form should be completed by the employee requesting bereavement leave. **Please submit this completed form to your supervisor.**

Employee Name: _____

School/Department: _____

Name of Deceased: _____

Relationship to Employee: _____

Dates of Leave: _____

Total # of Days Used or # of Hours Used: _____

Location of Funeral/Memorial: _____

Additional Information:

Employee Signature: _____

Date: _____