



LEAVE REQUEST COVER SHEET AND  
ACKNOWLEDGEMENT FORM  
BEREAVEMENT

Employee's Name: \_\_\_\_\_ Employee ID#: \_\_\_\_\_

Job Title: \_\_\_\_\_ Job Location: \_\_\_\_\_

Office Manager Name: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Home E-mail Address: \_\_\_\_\_ Home/Cell# : \_\_\_\_\_

Up to THREE dates for leave request: \_\_\_\_\_

Relationship to Employee\*: \_\_\_\_\_ Date of Death: \_\_\_\_\_

If dates of leave request are beyond 14 days from the date of death, please provide explanation:

\_\_\_\_\_

\*Please include the obituary or remembrance with your request. You may send a link to this information if it can be found online.

Employees may be eligible for up to three (3) days per year for bereavement leave for a parent, spouse, sibling or child.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**THIS SECTION TO BE COMPLETED BY BENEFITS OFFICE**

**Application Approved**

Leave Dates \_\_\_\_\_ to \_\_\_\_\_

Extended Leave Dates \_\_\_\_\_ to \_\_\_\_\_

Authorized By: \_\_\_\_\_

Date: \_\_\_\_\_

**NOTES:**

☐ Denied

Reason \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Coding: \_\_\_\_\_  
\_\_\_\_\_

Total # of Weeks Taken: \_\_\_\_\_