



Paid Bereavement Leave Request

Employee Name

Date Submitted

I am requesting Paid Bereavement Leave for the death of an immediate family member for the following dates and hours:ⁱ

Date	Total Hours

Relationship of Family Member: _____

Employee's Signature

Date

Supervisor Name

Date

ⁱ Up to three (3) days of paid leave will be granted for death of an Immediate Family member of a regular full-time employee. Immediate Family is defined as the employee's child, spouse or domestic partner, sibling, parent, grandparent, or grandchild, or the child, parent, sibling, grandparent or grandchild of the employee's spouse or domestic partner. Bereavement leave also is available under this policy for a miscarriage suffered by a full-time employee or a full-time employee's spouse or domestic partner.