



BEREAVEMENT FORM

Today's Date: _____

FACILITY: _____

Relationship to Deceased: _____

Date Requested: _____ Dept: _____

Employee Name: _____

Total Hours Requested: _____

Employee Signature: _____

Supervisor Signature: _____

Area Director Signature: _____

Note: Supporting Documentation is required to be submitted with this form. See below:

- Bereavement leave of up to 24 consecutive scheduled work hours, which must include the day of the funeral or memorial service, not to exceed (3) days, is provided to regular full-time employees, including those who are in their 90-day introductory period, for the death of immediate family members.
- Immediate family members include father, mother, grandparents, child, step-child, grandchild, spouse, sister, brother, mother/father-in law, son-in-law and daughter-in-law, grandparents of spouse, step-mother, and step-father.
- If additional time off is required, the employee may request use of PTO.
- Complete and submit a Bereavement Leave form along with a copy of the obituary or memorial program from the funeral service/visitation.