



### Bereavement Leave Request Form

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

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Manager: \_\_\_\_\_

**Requesting Funeral Leave for:**

Name of Family Member: \_\_\_\_\_

Date of Funeral: \_\_\_\_\_ Location of Funeral: \_\_\_\_\_

Scheduled shifts you will be unable to work:

For office use only:


**Please check which family member you are requesting leave for.**

- |   |           |   |           |                                 |
|---|-----------|---|-----------|---------------------------------|
| <i>Immediate Family Member</i>              | <b>or</b> | <i>Close Family Member</i>                        | <b>or</b> | <i>Extended Family Member</i>   |
| <input type="checkbox"/> Spouse             |           | <input type="checkbox"/> Grandparent              |           | <input type="checkbox"/> Aunt   |
| <input type="checkbox"/> Child              |           | <input type="checkbox"/> Grandparent-in-law       |           | <input type="checkbox"/> Uncle  |
| <input type="checkbox"/> Brother or Sister  |           | <input type="checkbox"/> Step-grandparent         |           | <input type="checkbox"/> Niece  |
| <input type="checkbox"/> Stepchild          |           | <input type="checkbox"/> Grandchild               |           | <input type="checkbox"/> Nephew |
| <input type="checkbox"/> Parent or guardian |           | <input type="checkbox"/> Brother or Sister-in-law |           |                                 |
| <input type="checkbox"/> Stepparent         |           | <input type="checkbox"/> Child-in-law             |           |                                 |
| <input type="checkbox"/> Parent-in-law      |           |   |           |                                 |
| <input type="checkbox"/> Domestic Partner   |           |   |           |                                 |

Please list any extenuating circumstances which would prevent you from returning to work following the date of the funeral: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

HR Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Processed by Payroll Initial _____ Date _____
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