

BEREAVEMENT REQUEST FORM

In accordance with the agency's Policies and Procedures Manual § 6.11, emergency leave is requested for the following employee due to the death of a family member.

_____ Employee Name	_____ Employee ID#
_____ Deceased Name	_____ Relationship to Employee
_____ Number of Days Requested	_____ When
_____ Where	
<i>Attach supporting documentation (funeral notice/obituary).</i>	

Please signify your approval below and forward to the next appropriate individual.	
_____ Chair/Supervisor	_____ Date
_____ Dean/Director	_____ Date
_____ Vice President	_____ Date
_____ President	_____ Date

Return completed form to the Human Resources Office at Box Number 11127.

With few exceptions, you have the right to request, receive, review, and correct information about yourself collected using this form.