

### Bereavement Request Approval Form

Please complete this form when requesting Bereavement Leave for the loss of a family member. Refer to [Human Resources Policy Number 6.11](#) for additional details and information.

#### EMPLOYEE INFORMATION

Lamar ID	Name (First & Last Name)	Job Title
Contact Number	Employee Email Address	Department Name
Supervisor Name	Supervisor Email Address	Supervisor Contact Number

#### BEREAVEMENT REQUEST INFORMATION

Name of Deceased	Relationship to Employee
Date of Funeral	Funeral Location (City, State)
<b>Number of Days/Actual Dates of Requested Absence – Attach supporting documentation (Funeral notice/Obituary)</b> Dates: _____ = _____ (Total Hours Requested) <input type="checkbox"/> 1 Day <input type="checkbox"/> 2 Days <input type="checkbox"/> 3 Days	
I acknowledge that the information above is true, accurate, and complete. I understand the need to notify my supervisor, department, and/or Human Resources immediately should the status of my leave change.  Employee Signature: _____ Date: _____  <u>Additional Comments:</u>	

#### SUPERVISOR ACKNOWLEDGEMENT/APPROVAL

As supervisor of the employee listed above, I am aware that the employee has applied for leave as indicated above. I will notify Resources immediately if I become aware of any changes to the information provided.

Supervisor Signature/Date	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
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#### HUMAN RESOURCES APPROVAL

HR Leave Coordinator Signature/Date	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
AVP HR or Assoc. HR Director Signature/Date	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved