



Application for Bereavement Pay Hourly, Salaried and Exempt

Employee's Name: _____
(First) (Middle) (Last)

Department: _____ SSN#: _____

Name of Deceased: _____
(First) (Middle) (Last)

Relationship of Deceased: (Circle one)

4 Days: Current Spouse, Parent, Parent of Current Spouse, Stepparent, Child, Stepchild,
Grandparent, Current Spouse's Grandparent or Grandchild, Employees Brother or Sister,
Spouses Brother or Sister

Scheduled Work Days for which bereavement pay is requested:

1. _____ 2. _____ 3. _____ 4. _____
(Date) (Date) (Date) (Date)

Date of Death: _____ Date of Funeral: _____

Funeral will be held at: _____
(Name of Funeral Home)

Place of Burial: _____
(City) (State)

I hereby certify that the above death occurred and that I attended the funeral indicated.

(Date)

(Employee's Signature)

ATTACH COPY OF OBITUARY or FUNERAL CARD
Bereavement Policy on reverse or attached
RETURN TO HUMAN RESOURCES

Bereavement Leave for both Hourly Salaried and Exempt

4.3 Bereavement

When a death occurs in an employee's family, the employee, upon written request, will be excused following the death. The employee will receive four (4) paid days for the following family relationships:

Current Spouse	Grandparent
Parent of Current Spouse	Current Spouse's Grandparent or Grandchild
Stepparent	Employee's Brother or Sister
Child or stepchild	Brother or Sister of Current Spouse

An employee excused from work under this Section shall, after making written application, receive the amount of wages he/she would have earned by working during straight time hours on such scheduled days of work for which he/she is excused.

Any employee may request personal time or unpaid leave for any other family member's death, other than the above to attend the funeral, provided the employee does not have any personal time left.

The Division requires verification of death and/or documentation of the relationship of the employee to the deceased for any bereavement time off.