

Bereavement Leave Request Form (CONFIDENTIAL)

Name: _____ **Today's Date (Month/Day/Year):** _____

Employee Contact Information: (Mobile; Email): _____

I, _____ am requesting bereavement leave,
(Name of Employee)

From _____ through and including _____ OR in separate instances as follows:
(Month/Day/Year) (Month/Day/Year)

Total number of bereavement leave days being requested _____ (**Note:** up to 5 days per event)

Supplement my time off, if applicable, with ☐ PTO/ Vacation _____ hours ☐ PSL _____ hours

Are you taking bereavement leave for death of a family member? ☐ Yes ☐ No

If yes, family member who passed (*please select*):

☐ Spouse

☐ Parent

☐ Grandparent

☐ Domestic Partner

☐ Parent-in-Law

☐ Grandchild

☐ Child

☐ Sibling

Date of death: _____

Are you taking bereavement leave for a reproductive loss event? ☐ Yes ☐ No

If yes, reproductive loss event (*please select*):

☐ Failed Adoption

☐ Stillbirth

☐ Failed Surrogacy

☐ Unsuccessful Assisted Reproduction

☐ Miscarriage

Date of reproductive loss event (*for a multiple day event, list final day*): _____

Please note the following:

- Bereavement leave is available for employees who have worked for the company at least 30 days prior to the first day of the leave.
- Your leave days need not be taken consecutively. However, you are required to use this leave within 3 months of the date of the event, unless another protected leave of absence applies (*consult Human Resources*).
- If you are taking bereavement leave for **death of a family member**, you are requested to provide **documentation of the death within 30 days of the first day of your bereavement leave**. Acceptable documentation includes, but is not limited to, *a death certificate, a published obituary, or written verification of death, burial, or memorial services from a mortuary, funeral home, burial society, crematorium, religious institution, or governmental agency*.
- If you are taking bereavement leave for a **reproductive loss event**, you are **not required to provide certifying documentation**. Refer to our bereavement leave policy regarding limitations on the number of times you may take reproductive loss bereavement leave.

By signing below, I acknowledge that I am **eligible** to take bereavement leave and **will comply with the requirements above**. If signing electronically, please type your full name, followed by “e-signed.”

Employee’s Signature

Date

Administrative Use Only

☐ **Approved** ☐ **Denied**

Additional Notes:
