REQUEST FOR BEREAVEMENT LEAVE

This form should be completed by employees who use bereavement leave. Please forward the completed form to the Human Resources Department.

Employee's Name: _			
Department/Division	1:		
Date(s) of Leave:			
Amount of Leave Us	sed (specify in hours):		
Name of Deceased:			
The deceased is my	(circle one):		
Mother Wife Step-Daughter Grandson Step-Sister Son-in-Law Legal Guardian	Father Husband Step-Son Granddaughter Step-Brother Daughter-in-Law	1,1011101 111 2011	Step-Father Son Grandfather Brother Father-in-Law Brother-in- Law
Employee's Signatur	re	Date	

INDIAN RIVER COUNTY

INTER-OFFICE MEMORANDUM

TO: Department/Division Heads

THRU: Joseph Baird

Acting Personnel Director

FROM: Colleen Peterson

Human Resources Administrator

DATE: July 30, 2001

SUBJECT: Bereavement Leave Form

Effective immediately, the attached Request for Bereavement Leave form should be completed by all employees who use bereavement leave. Employees may complete

the form prior to taking bereavement leave or immediately after returning from leave.

Please send the completed forms to Personnel.

Attachment