Request for Bereavement Leave

*In accordance with company policy, up to [3 days] of paid bereavement leave will be granted for the death of an employee’s family member or household member. If approved, an employee may use accrued sick or personal time for additional paid time off.*

|  |  |
| --- | --- |
| Employee Name: |  |
| Date: |  |
| Dates of bereavement leave requested: |  |
| Relationship to the employee: |  |

The following documentation supporting eligibility for leave is required:

Signature:

Date:

**Approved by:**

Printed Name:

Signature:

Date: