



## **BEREAVEMENT LEAVE**

Employee's Name \_\_\_\_\_ Building \_\_\_\_\_

Date(s) \_\_\_\_\_

Name of Deceased \_\_\_\_\_

Specific Relationship of Deceased to Employee \_\_\_\_\_

I hereby certify that the information provided above is correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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\_\_\_\_\_  
Approved

\_\_\_\_\_  
Adminstrator Signature

\_\_\_\_\_  
Disapproved