

# Bereavement Form



## Instructions:

1. **Employee:** Complete Part 1 of this form and submit to supervisor as soon as possible
2. **Supervisor:** Review request with employee, sign Part 2, and forward to HR.
3. Contact Employee Benefits Coordinator at 673-3434 with any questions pertaining to benefits.

Part 1: EMPLOYEE		
Last Name	First Name	Home Telephone Number
Mailing Address	City & State	Zip Code
Department	Unit: <input type="checkbox"/> CSEA <input type="checkbox"/> UUP <input type="checkbox"/> MC <input type="checkbox"/> PEF <input type="checkbox"/> PBANYS	Shift: <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd
<b>LEAVE DETAILS:</b> Complete the following sections, using COMMENTS box as indicated. Sign and date before giving to immediate supervisor.		
Leave <b>BEGIN</b> Date:		
Expected <b>RETURN</b> to Work Date:		
<b>Accruals you will charge during leave:</b> <input type="checkbox"/> Sick <input type="checkbox"/> UNPAID leave		
<b>COMMENTS:</b>		
<b>I understand:</b> <ul style="list-style-type: none"><li>• I am responsible for notifying Human Resources and my Supervisor of any changes to information on this form or the status of my leave.</li></ul>		
Employee Signature:		Date:
Part 2: SUPERVISOR		
<b>I understand:</b> <ul style="list-style-type: none"><li>• Signing below acknowledges receipt and review of this leave request; and</li><li>•</li></ul>		
Supervisor Name:	Signature:	Date: