



## Bereavement Request Form

<b>General Information</b>	
Employee Name (Last, First M.I.):	
Employee Number:	Region:
Date:	Supervisor:
Hire Date:	Department:
<b>Request</b>	
Family Member:	
From:	To:
Approved/Denied:	
<b>Signatures</b>	
Employee Signature:	Date:
Supervisor Signature:	Date:
<b>Bereavement Policy</b>	
<ul style="list-style-type: none"> <li>• Employees are eligible after 90 days of employment</li> <li>• Up to 3 business days</li> <li>• For immediate family members only</li> </ul>	