

Bereavement and Compassionate Leave Request Form

Instructions: Please complete all sections of this form to request bereavement or compassionate leave. Once completed, print the form and submit it to your supervisor or HR department for approval.

Employee Information

Employee Full Name:

Employee ID:

Department / Division:

Manager / Supervisor Name:

Leave Request Details

Leave Start Date (MM/DD/YYYY):

Leave End Date (MM/DD/YYYY):

Total Number of Days Requested:

Relationship to the Deceased / Individual requiring care:

Additional Comments / Travel Requirements:

Acknowledgment and Signatures

By signing below, I certify that the information provided on this form is accurate and that the requested leave is for the purposes stated above.

Employee Signature: Date:

Office Use Only - Approval Status

Approval Status (Approved / Denied):

Manager / HR Signature: Date: