



OUTSIDE BEREAVEMENT POLICY APPROVAL

I am requesting to use paid bereavement leave outside of the bereavement policy.

Employee Name: _____ E Number: _____

Job Title: _____ Supervisor: _____

Name of Deceased: _____

Relation of Employee to Deceased: _____

Date of death: _____

Services scheduled for: _____

Dates of bereavement leave requesting:

Reason for leave outside policy:

Employee Signature: _____ **Date:** _____

Supervisor Signature: _____ **Date:** _____

HR Director Approval: _____ **Date:** _____