

# BEREAVEMENT LEAVE REQUEST FORM

**This form is to be submitted upon the conclusion of your bereavement leave.**

Employees should use this form to request time off for funeral/bereavement leave. A leave of absence of up to ten (10) working days per death may be granted in the event of the death of an appointee's child, parent, spouse, domestic partner, sibling, grandparent, or grandchild. In-laws or step relatives in the relationships listed, including relatives of the domestic partner who would be covered if the domestic partner were the appointee's spouse, are also covered. This provision also covers other persons residing in the appointee's household.

A leave of absence of up to five (5) days per calendar year may be granted for the death of an individual who is not a family member. Certain bereavement leaves may be eligible for up to five (5) days of unpaid leave with job and benefit protections under California Family Rights Act (CFRA).

**Employee Name:** \_\_\_\_\_ **Employee ID#** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Select one only if your request exceeds the available time as referenced above:**

- I exceeded the available time and will use accrued vacation for the additional leave taken.
- I exceeded the available time and will use unpaid leave for the additional leave taken. I am aware that this may trigger an overpayment and I will need to pay it back.

**Date Leave Began:** \_\_\_\_\_ **Returned to Work:** \_\_\_\_\_

**Intermittent Leave (provide dates):** \_\_\_\_\_

**CFRA Definition of Family Member (choose one)**

<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Grandparent <input type="checkbox"/> Grandchild <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Parent-in-law	<input type="checkbox"/> Other (please specify) _____
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\_\_\_\_\_  
**Employee's Signature**

\_\_\_\_\_  
**Date**