



BEREAVEMENT LEAVE NOTIFICATION FORM

COMPLETED FORMS CAN BE RETURNED IN-PERSON, MAIL OR VIA FAX (314) 244-1739

Today's Date: _____ Employee Number: _____

Employee Name: _____ Location/Position: _____

Supervisor Name: _____

Relative's Name: _____ Relationship of Relative: _____

Date of Funeral: _____

Date(s) of Leave: _____

- **Funeral Leave 1st Degree:** Up to **three (3)** working days for **parent, spouse, child, grandparent, grandchild or sibling of employee**
- **Funeral Leave 2nd Degree:** Up to **two (2)** working days for **half-sibling, nephew, niece, aunt, uncle, step-parent, parent-in-law, step-sibling, sister-in-law, brother-in-law, son-in-law or daughter-in-law of employee**
- **Funeral Leave 3rd Degree:** Up to **one (1)** working day for **great-grandparent, aunt-in-law, uncle-in-law, grandparent-in-law, niece-in-law, nephew-in-law, great grandchild, grand nephew, grand niece, grand aunt, grand uncle or first cousin of employee**

***Funeral Leave will only be paid for the above covered family members up to a maximum of 8 working days per year for 2nd and 3rd Degree ***

Employee Signature

Date

****Please complete and submit the original document to Human Resources within two (2) days of the date you returned to work. In addition, provide a copy to your Supervisor. *Failure to complete and submit this document to Human Resources within the specified time-frame will result in non-payment.* You may be required to supply appropriate documentation substantiating the basis for the bereavement leave****