**Bereavement Leave Application Form**

*For time off due to the death of a family member*

1. **Employee Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Employee Name |  | | |
| Employee ID |  | Department |  |
| Job Title |  | Contact Number |  |
| Email Address |  | | |

1. **Leave Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Relationship to Deceased |  | Name of Deceased |  |
| Date of Death |  | Requested Leave Start Date |  |
| Requested Leave End Date |  | Total Days Requested |  |

**C. Reason for Leave**

Please provide a brief explanation (optional):

|  |
| --- |
|  |
|  |
|  |

**D. Supporting Documents**

*(Please check the documents you are attaching)*

* Copy of Death Certificate
* Obituary Notice
* Funeral Program
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**E. Employee Declaration**

I hereby declare that the information provided above is true and correct. I am applying for bereavement leave as per the company’s leave policy.

**Employee Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**F. Supervisor/Manager Approval**

|  |  |  |  |
| --- | --- | --- | --- |
| Approved / Not Approved |  | | |
| Comments |  | Supervisor/Manager Name |  |
| Signature |  | Date |  |

**G. HR/Administration Use Only**

|  |  |  |  |
| --- | --- | --- | --- |
| Leave Recorded in System | Yes / No | Updated Leave Balance |  |
| HR Notes |  | HR Officer Name |  |
| Signature |  | Date |  |