Compassionate/Bereavement Leave Form

| Employee Name |
|---------------------------------|
| |
| Employee ID |
| |
| Department |
| |
| Position |
| |
| Leave Type |
| Relationship to Deceased |
| |
| Reason / Additional Information |
| |
| |
| Leave Start Date |
| |
| Leave End Date |
| |
| Total Days Requested |
| |
| Employee Signature |
| |
| Date |
| |
| Manager Approval/Comments |
| |
| |
| Manager Signature |
| Doto |
| Date |
| |