

APPLICATION FOR FUNERAL / BEREAVEMENT ALLOWANCE

I wish to apply for funeral / bereavement leave to attend the funeral or memorial service of the individual shown below:

Name of the deceased _____

Relationship to applicant _____

Dates of leave _____

Month Day 1 Day 2 Day 3 Day 4 Day 5

Date of funeral / memorial service _____

_____ I understand that when death occurs to my legal spouse, mother, father, brother, sister, grandchildren, son or daughter (including stepchildren when they have lived with me in an immediate family relationship), upon request, I will be excused and paid for up to a maximum of five (5) scheduled shifts (or for such fewer shifts as I may be absent) which fall within a seven (7) consecutive calendar day period.

_____ I understand that when death occurs to my mother-in-law, father-in-law, son-in-law, daughter-in-law, or grandparents (including step-father, step-mother, step-brother, or step-sister when they have lived with me in an immediate family relationship), upon request, I will be excused and paid for up to a maximum of three (3) scheduled shifts (or for such fewer shifts as I may be absent) which fall within a seven (7) consecutive calendar day period.

I also understand that one (1) such calendar day shall be the day of the funeral or memorial service and that I must attend the funeral or memorial service to be eligible for funeral / bereavement allowance.

Signed _____
(Applicant)

Please print the following information:

Employee Name _____ Payroll Number _____

Department _____ Basket Number _____

Approving Supervisor _____ Date _____