

APPENDIX D

Bereavement Request Slip

Employee must complete and return this form prior to leaving for bereavement leave or within one calendar week of returning to work.

Employee: _____

Dates Requested: _____

Department/Division: _____

Relationship to the Deceased: _____

Employee Signature: _____ Date: _____

Supervisor's Name and Signature: _____ Date: _____

If employee fails to complete and return form as required, the City will not provide the eligible employee with paid bereavement leave and the employee's time will be used.