



Bereavement Leave Request Form

Employee Information

First Name		MI	Last Name		Employee ID Number	
Contact Number		WSSU Email Address		Department Name		
Employment Status				Full-Time or Part-Time		
<input type="checkbox"/> Permanent	<input type="checkbox"/> Time-Limited	<input type="checkbox"/> Probationary	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time		
Supervisor/Manager Name		Contact Number		WSSU Email Address		

Bereavement Information

Date of Death					
Relation to Deceased (Refer to Policy for Definition of Immediate Family)					
<input type="checkbox"/> Spouse	<input type="checkbox"/> Parent	<input type="checkbox"/> Child	<input type="checkbox"/> Sibling		
<input type="checkbox"/> Grand/Great	<input type="checkbox"/> Dependent in Home	<input type="checkbox"/> Colleague at WSSU	<input type="checkbox"/> Other (List):		
Requested Leave Begin Date		Requested Leave End Date		Total Number of Hours	Total Number of Days

NOTE: Please attach relevant documentation, such as an Obituary, Funeral Notice, or Death Certificate.

Employee Acknowledgment

By signing this request form, I confirm that the information provided is accurate and true to the best of my knowledge and that my request complies with the eligibility terms and conditions of the [Bereavement Leave Policy](#).

Date: _____

Employee Signature: _____

Employee Printed Name: _____

Supervisor Approval

I approve this bereavement leave request based on the completed form and supporting documentation and confirm the information provided meets the policy guidelines.

Date: _____

Supervisor Signature: _____

Supervisor Printed Name: _____

Return the completed form and support documentation to hrleave@wssu.edu.

Human Resources Use Only			
HR Member Name:		Date:	
<input type="checkbox"/> Approved		Date:	
<input type="checkbox"/> Denied (List Reason):		Date:	
<input type="checkbox"/> Pending: Additional Information Requested		Date:	