



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		
Permanent	Time-Limited	Probationary	Full-Time	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)					
Spouse	Parent	Child	Sibling		
Grand/Great	Dependent in Home	Colleague at WSSU	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:	
Approved		Date:	
Denied (List Reason):		Date:	
Pending: Additional Information Requested		Date:	