

Bereavement Request Approval Form

Please complete this form when requesting Bereavement Leave for the loss of a family member.
Refer to [Human Resources Policy Number 6.11](#) for additional details and information.

EMPLOYEE INFORMATION

Lamar ID	Name (First & Last Name)	Job Title
Contact Number	Employee Email Address	Department Name
Supervisor Name	Supervisor Email Address	Supervisor Contact Number

BEREAVEMENT REQUEST INFORMATION

Name of Deceased	Relationship to Employee
Date of Funeral	Funeral Location (City, State)

Number of Days/Actual Dates of Requested Absence – Attach supporting documentation (Funeral notice/Obituary)

Dates: _____ = _____ (Total Hours Requested)

1 Day 2 Days 3 Days

I acknowledge that the information above is true, accurate, and complete. I understand the need to notify my supervisor, department, and/or Human Resources immediately should the status of my leave change.

Employee Signature: _____ Date: _____

Additional Comments:

SUPERVISOR ACKNOWLEDGEMENT/APPROVAL

As supervisor of the employee listed above, I am aware that the employee has applied for leave as indicated above. I will notify Resources immediately if I become aware of any changes to the information provided.

Supervisor Signature/Date	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
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HUMAN RESOURCES APPROVAL

HR Leave Coordinator Signature/Date	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
AVP HR or Assoc. HR Director Signature/Date	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved