CHICAGO STATE UNIVERSITY

OFFICE OF HUMAN RESOURCES (OHR)
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HR@CSU.EDU

BEREAVEMENT LEAVE REQUEST FORM

CSU Bereavement Leave Policy:

An employee shall be granted up to three regularly scheduled workdays off, surrounding the date of death and/or the funeral of an immediate family member, not to exceed 3 days beyond the funeral. Immediate family is defined as spouse, son, daughter, mother (step or in-law), father (step or in-law), sister (step or in-law), brother (step or in-law), grandmother, grandfather, grandchild or domestic partner. Documentation must be shown to identify date of funeral and relationship.

Collective Bargaining Units may have different policies regarding bereavement leave. Contract agreements are honored in cases of discrepancies.

Instructions: Employees should use this form to ***request/report absences*** related to funeral/bereavement. Once the form has been completed, it must be submitted to the OHR. Bereavement leave may only be taken in half day or whole increments and may not be accumulated.

Proof of death must be furnished upon request. Failure to provide proof will result in a reversal of leave days granted and nonpayment for any related days of missed work. Disciplinary action may be taken in cases of fraudulent requests.

Employee Name: _____ **Date of Request:** _____

Employee UID : _____ **Manager Name:** _____

Employee Phone: _____ **Department:** _____

			Dates of Leave		
Relationship of Family Member	Date of Death	Date of Funeral	Start Date	End Date	Total Days/Hours
Select One					
				Total Days	

Additional Comments: _____

_____ _____
Supervisors Signature Date:

_____ _____
Department Chairman's Signature (Faculty) Date:

_____ _____
Human Resources Representative Signature Date:
Required for all Bereavement Leave Request

Bereavement Request Form must be signed and approved by the OHR; Employees and managers will be provided a signed copy for their records.

Updated: 05/10