



# REQUEST FOR LEAVE OF ABSENCE WITH OR WITHOUT PAY (FOR DEATH IN FAMILY)

Division \_\_\_\_\_ Depot/Facility \_\_\_\_\_ Date \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Title \_\_\_\_\_ Pass/Payroll No. \_\_\_\_\_

Leave requested from \_\_\_\_\_ to \_\_\_\_\_, inclusive, being \_\_\_\_\_ days

Regular Days Off \_\_\_\_\_ Run or trick No. \_\_\_\_\_

Name of Deceased \_\_\_\_\_ Relationship to Deceased (Be Specific) \_\_\_\_\_

Employee's Signature \_\_\_\_\_

*Applicants for Death in Family Leave Must Submit Required Documentation Within 30 Days*

For Office Use Only

## Documentation Submitted:

Standard	*Alternate (Describe)	Date	Initials

*\*Manager's Signature Required if Alternate Documents are Submitted*

## Remarks:

Leave of Absence

Approved ☐ Disapproved ☐

Number of Paid DIF Days \_\_\_\_\_

Number of Days Unpaid \_\_\_\_\_

Manager/Supervisor's Signature \_\_\_\_\_ Pass/Payroll No. \_\_\_\_\_ Date \_\_\_\_\_

# DOCUMENTATION FOR DEATH IN FAMILY LEAVE REQUESTS

RELATIONSHIP	REQUIRED STANDARD DOCUMENTS
<input type="checkbox"/> SPOUSE	a) COPY OF DEATH CERTIFICATE b) COPY OF MARRIAGE CERTIFICATE
<input type="checkbox"/> NATURAL PARENT	a) COPY OF DEATH CERTIFICATE b) COPY OF EMPLOYEE'S BIRTH CERTIFICATE
<input type="checkbox"/> STEP-PARENT	a) COPY OF DEATH CERTIFICATE b) COPY OF EMPLOYEE'S BIRTH CERTIFICATE c) COPY OF EMPLOYEE'S PARENT AND STEP-PARENT'S MARRIAGE LICENSE
<input type="checkbox"/> FOSTER PARENT	a) COPY OF DEATH CERTIFICATE b) COPY OF LEGAL DOCUMENT (SHOWING THAT THE EMPLOYEE IS THE FOSTER CHILD OF THE DECEASED)
<input type="checkbox"/> SISTER OR BROTHER	a) COPY OF DEATH CERTIFICATE (SHOWING THE NAME OF THE PARENTS OF THE DECEASED) b) COPY OF EMPLOYEE'S BIRTH CERTIFICATE (SHOWING THE NAME OF THE PARENTS TO BE THE SAME AS THE DECEASED)
<input type="checkbox"/> CHILD	a) COPY OF DEATH CERTIFICATE (SHOWING THE EMPLOYEE IS THE PARENT OF THE DECEASED)
<input type="checkbox"/> NATURAL GRANDPARENT	a) COPY OF DEATH CERTIFICATE b) COPY OF EMPLOYEE'S PARENTS BIRTH CERTIFICATE (SHOWING THE DECEASED GRANDPARENT'S NAME)
<input type="checkbox"/> FATHER-IN-LAW  OR <input type="checkbox"/> MOTHER-IN-LAW	a) COPY OF DEATH CERTIFICATE b) COPY OF THE EMPLOYEE'S SPOUSE'S BIRTH CERTIFICATE (SHOWING THE PARENT'S NAME TO BE THE SAME AS THE DECEASED) c) COPY OF EMPLOYEE'S MARRIAGE LICENSE
<input type="checkbox"/> ANY PERSON RELATED BY FAMILY TIES WITH PERMANENT RESIDENCE IN EMPLOYEE'S HOUSEHOLD	a) COPY OF DEATH CERTIFICATE b) PROOF OF FAMILY TIES SHOWING RELATIONSHIP TO EMPLOYEE c) COPY OF ANY OFFICIAL DOCUMENT SHOWING ADDRESS OF THE DECEASED TO BE THE SAME AS THE EMPLOYEE'S. (I.E., PENSION CHECKS, SOCIAL SECURITY CHECKS, DRIVERS LICENSE, ETC.)
<input type="checkbox"/> OTHER	a) DOCUMENTATION CONFIRMING DEATH AND LINKING DECEASED TO EMPLOYEE
<input type="checkbox"/> A copy of this form was given to the employee. <input type="checkbox"/> Original copy placed in the employee's personnel file.	
Supervisor's Signature _____ Pass Payroll No. _____ Date _____	