



Bereavement Leave Request Form

Leave with pay is available to all appointed exempt and non-exempt (non-faculty) staff because of death in the immediate family. Immediate family is limited to: spouse of employee; father or mother of employee or spouse; child of employee or spouse; brother or sister of employee or spouse; grandparent of employee or spouse. Funeral leave will be limited to three days if the burial is within Colorado, and to five days if outside of Colorado. The supervisor may request an obituary or other notice to substantiate the absence. Bereavement pay will not be computed as time worked for overtime purposes.

NAME: _____ DU ID: _____

PHONE: _____ EMAIL: _____

DEPARTMENT: _____

RELATIONSHIP OF DECEASED: _____

_____ In-state burial

_____ Out-of-state burial

_____ *Other documents attached*

I understand that I will receive regular pay for only the days listed according to the University of Denver's Bereavement policy as stated above. Any additional time taken beyond these days will adhere to my department's normal sick and/or vacation request procedures.

EMPLOYEE SIGNATURE _____ DATE: _____

MANAGER SIGNATURE _____ DATE: _____

Please print this form and keep with employee's departmental records.

**This form does not need to be submitted to Human Resources; it is solely for department tracking purposes.*