

Bereavement Leave Request Form

Employee Information	
Employee Name:	
Dates Requested:	
Relationship to Employee:	

Full-time employees are eligible for three paid work shifts of Bereavement Leave due to the death of an [immediate family member](#), as defined by the personnel rules and regulations. An additional two days can be taken using another type of leave (sick, vacation, executive leave, comp time, etc.). Please include all requested dates when submitting this form.

We understand that this is a very difficult time for you and your family. We will work with you to make your leave request as easy as possible. In order to approve your request, you will need to submit proof of death for your [immediate family member](#). Proof can be one of the following items:

- Death Certificate
- Obituary
- Funeral program
- Prayer card

Employee Acknowledgement

Employee Signature

Date

Please submit completed form and appropriate back-up to HRBenefits@carlsbadca.gov

Completed by Human Resources	
Pay Date:	Hours Applied:
Pay Date:	Hours Applied: