

BEREAVEMENT FORM

Y

- ➔ EMPLOYEE: YOU MUST FILL OUT THE ENTIRE FORM AND GIVE TO YOUR SUPERVISOR FOR PAYMENT.
- ➔ SUPERVISOR: CODE THE EMPLOYEE IN TKS FOR BEREAVEMENT DAYS OFF USING THE CODES AND TIME ALLOWED BELOW.
- ➔ FORM MUST BE RETAINED FOR DOCUMENTATION.
- ➔ CONTRACTUAL ALLOWANCES FOR BEREAVEMENT (below)

<u>RELATIONSHIP TO EMPLOYEE</u>	<u>CODE</u>	<u>EXCUSED DAYS</u>
CURRENT SPOUSE	BA	5
PARENT	BB	5
CHILD	BF	5
STEP CHILD	BG	5
Step Parent	BC	3
Grandparent	BD	3
Great Grandparent	BE	3
Grandchild	BH	3
Brother	BI	3
Step Brother	BJ	3
Half Brother	BK	3
Sister	BL	3
Step Sister	BM	3
Half Sister	BN	3
Current Spouses Parent	BO	3
Current Spouses Step Parent	BP	3
Current Spouses Grandparent	BQ	3
Current Spouses Great Grandparent	BR	3

APPLICATION FOR BEREAVEMENT PAY				FOR OFFICE USE ONLY	
				ROLL NO. _____	CODE: BRV
CISCO 48085	SOCIAL SECURITY NUMBER	LAST NAME	FIRST	MIDDLE INITIAL	
DEPT/CLOCK/GROUP:		SHIFT AND/OR BASE RATE (IF OTHER THAN CURRENT):			
SCHEDULED WORK DAYS (EXCLUDING SATURDAYS, SUNDAYS AND HOLIDAY (S) FOR WHICH BEREAVEMENT PAY IS AUTHORIZED ARE:					TOTAL HOURS:
DATE: __/__/__	DATE: __/__/__	DATE: __/__/__	DATE: __/__/__	DATE: __/__/__	
I HEREBY MAKE APPLICATION FOR BEREAVEMENT PAY DUE TO THE DEATH OF MY:					
(RELATIONSHIP TO EMPLOYEE) _____			(DEFINED ELIGIBLE UNDER NATIONAL AGREEMENT)		
NAME OF DECEASED		DATE OF DEATH	DATE OF FUNERAL		
		/ /	/ /		
NAME OF FUNERAL HOME		ADDRESS (STREET, CITY, STATE, AND ZIP)			
PLACE OF BURIAL (CITY AND STATE)					
EMPLOYEE SIGNATURE:				DATE: / /	
SUPERVISOR /PERSONNEL DEPARTMENT APPROVAL:				DATE: / /	
				PHONE:	