

ORIGINAL TO EMPLOYEE

COPY TO EMPLOYEE'S FILE

WAYNE COUNTY
Department of Personnel/Human Resources
REQUEST FOR BEREAVEMENT LEAVE

(Last Name)	(First Name)	(Initial)	(Department)
(Home Address)	(Zip Code)	(Class Position)	(Position No.)

() Bereavement Leave To be effective from _____ to _____ inclusive.

BEREAVEMENT LEAVE

The conditions under which Bereavement Leave may be granted are covered by Section 10 of Rule 13 of the Civil Service Commission's Rules. It should be noted that in case Bereavement Leave is to be granted on the basis of relationship to the employee's spouse, eligibility is limited to appropriate relationships derived for the employee's current and existing marriage (divorced or deceased spouses do not meet this requirement). If you qualify for Bereavement Leave under the rules and wish to apply for such leave, please complete the following form:

Name of Deceased: _____

Date of Death: _____

Relationship of deceased to the employee: (check appropriate box below and underline specific relative)

- | | |
|---|-----|
| Employee's Spouse | () |
| Child (or stepchild) of employee | () |
| Parent (or stepparent) of employee or employee's spouse | () |
| Grandparent (or Great Grandparent) of employee or employee's spouse | () |
| Brother or Sister (or step/half brother or step/half sister) of employee or employee's spouse | () |
| Brother-in-law or Sister-in-law of employee or employee's spouse | () |
| Grandchild (or Great Grandchild) of employee or employee's spouse | () |

Funeral held on _____ in _____
(Date) (City) (State)

Which is () more than () less than 300 miles from my place of residence.

I hereby certify that all information given above is true and agree and understand that any misstatement of material fact therein may be cause for disciplinary action.

_____ (Date)	_____ (Employee's Signature)
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RECOMMENDATION OF APPOINTING AUTHORITY:

I recommend that this request for leave be approved () Not approved () for the following reasons:

_____ (Date)	_____ (Signature of Appointing Authority)
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