

Bereavement Leave Request Form

Department for People Operations, Success, and Opportunity

210 East 1st Street, Greenville, NC 27858 | Mail Stop: 205 | Phone: 252-328-9887 | Email: Leave@ecu.edu | Fax: 252-328-9917

I. EMPLOYEE DATA			
Employee Name:		Banner ID:	
Division:		Department:	
Supervisor:		Kronos Super Admin:	
Home Address:		Personal Phone:	
		Email Address: <small>*Approval is sent by email</small>	
Appointment Information:	<input type="checkbox"/> SHRA/CSS/DMSS	<input type="checkbox"/> EHRA Non-Faculty/EPS/SAAO	<input type="checkbox"/> EHRA Faculty
	<input type="checkbox"/> Permanent	<input type="checkbox"/> Time-Limited	
	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time – Hrs./Wk:	
Has this leave been requested by the employee within the past calendar year: <input type="checkbox"/> Yes <input type="checkbox"/> No **Please make sure proper documentation is provided when sending in your request. This includes death certificate, obituary, or funeral or memorial event information.			
II. QUALIFYING LEAVE REQUEST REASON			
<input type="checkbox"/> Immediate Family Member– <i>as stated in the sick leave policy.</i> <ul style="list-style-type: none"> Spouse – Husband or Wife Parent (Mother/Father) – Biological, adoptive, step, loco parentis, in-law Child (Daughter/son) – Biological, adoptive, foster, step, legal ward, loco parentis, in-law. Brother/Sister – Biological, adoptive, step, half, in-law. Grand/Great – Parent, child, step, in-law Dependents – Living in the employee’s household 			
<input type="checkbox"/> Colleague – <i>with whom the employee worked at the employee’s current agency, so long as the colleague worked for the agency within one year of their passing. Only for the date of the funeral or other memorial event.</i>			
III. REQUESTED LEAVE SCHEDULE			
Date of Death:		Name of immediate family member or colleague:	
Requested date of leave to start (to include dates and hours) if leave is requested for a prior event:			
IV. EMPLOYEE CERTIFICATION AND SIGNATURE			
<i>I acknowledge that the information provided above is accurate. I understand that any falsification of information may lead to appropriate administrative action, up to and including dismissal.</i>			
Employee’s Signature:		Date:	
V. SUPERVISOR ACKNOWLEDGEMENT			
<i>Below to be completed by the supervisor or unit administrators prior to submitting back to ECU Benefits to acknowledge the employee’s notification of anticipated absence and projected duration of leave. By signing below, the supervisor or administrator certifies that the request for leave does not interrupt the business needs of the department. Once signed please send back to leave@ecu.edu.</i>			
Supervisor’s Signature:		Date:	
VI. FOR BENEFITS OFFICE USE ONLY			
Bereavement Leave:	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	
Benefits Comments:			
Signature (Benefits Rep):		Review Date:	