

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	<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: Yes No			
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 ECU, so long as the colleague worked for ECU 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:			
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			
Below to be completed by the supervisor or unit administrator 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 unit administrator acknowledges this requested use of bereavement leave. Note the needs of the unit and maintenance of its business operations can be considered by a supervisor or unit administrator in deciding whether to grant specific bereavement leave requests other than for attendance at a funeral, visitation, or other memorial event of an employee’s Immediate Family Member. Send signed form to leave@ecu.edu.			
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:	