BEREAVEMENT LEAVE REQUEST FORM

Employee: _____ Program: _____

Name of deceased Family Member: _____

Relationship: _____

☐ **Immediate family:** wife, husband, daughter, son, mother, father, sister, brother, grandson, granddaughter, grandmother, grandfather, stepfather, and stepmother. Hunkayapi (Those made relatives through Making of Relative Ceremony) added by Tribal Council 5/2008 (Verification by witness of Ceremony may be required) Request for Bereavement Leave for a total not to exceed **forty (40) consecutive hours**. Leave granted to part-time employees shall not exceed the number of hours that would be worked by the employee in a normal work week.

☐ **Other than Immediate:** The Chairwoman may also approve of **eight (8) hours** of Administrative Leave for the following relatives: daughter-in-law, son-in-law, mother-in-law, father-in-law, brother-in-law and sister-in-law, aunt, uncle, niece and nephew.

☐ **Veteran:** Administrative leave, not to exceed **eight (8) hours** may be granted to a Tribal Employee who is a Veteran and actively participates as a pallbearer, a member of a firing squad or honor guard in military ceremonies for deceased veterans.

Begin (XX/XX/XX)	Time	AM PM	End (XX/XX/XX)	Time	AM PM	Number of Hours

Signature: _____ Date: _____

The Supervisor will concur or not concur and forward the form to the Human Resource Manager.

Approved

YES NO _____ _____
Supervisor Signature Date

YES NO _____ _____
Human Resource Signature Date

YES NO _____ _____
Janet Alkire Date
Chairwoman

Revised: June 2022