



University of New Haven

BEREAVEMENT LEAVE CERTIFICATION FORM FOR EMPLOYEES

Employee Name	Union	Department	Date

I hereby certify my eligibility for pay for the time lost from scheduled work due to the death of my family member listed below:

Name of Deceased	Relationship to Employee	Date of Death	Date of Funeral

Scheduled Work Dates for which time is being requested:

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Employee Signature	Manager Name (<i>Print Name</i>)	Manager Signature

Supervisory Approval: Yes No If no, please provide reason for denial.

Important Note: Supervisors may request documentation to verify the relationship of the deceased to the employee as well as information to verify the date of death.