

ACF BEREAVEMENT REQUEST
(other than immediate family)

Instructions: Applications to the Bereavement Committee must be submitted on this *Bereavement Request* form and must be received within ten (10) working days of the employee returning from an absence related to a death. The *Bereavement Request* form may be submitted to the Director of Human Resources, the College's General Counsel, the Association President, or the Association Chief Negotiator.

Date Request Submitted:

Employee Name:

PID#:

Immediate Supervisor:

Phone:

Dates of absence to be considered for bereavement:

Bereavement request submitted to:

Phone:

Please explain your relationship with the deceased and why you believe bereavement leave should be granted (attach any supportive documentation that you think will help the committee make the best decision):

How should the Bereavement Committee contact you if they have questions or need clarification?

The Bereavement Committee shall review the application and notify the applicant of a decision to grant bereavement of up to five (5) days or of a decision to deny bereavement leave. The Bereavement Committee's decision is not subject to appeal.