



### Request for OFLA Bereavement Leave Form

Instructions: Employees can utilize this form to request time off specifically for funeral or bereavement leave. Please complete this form and submit this to Human Resources, copying your supervisor. Under OFLA, certain bereavement leaves may be eligible for up to two weeks of unpaid leave with job protections. OFLA allows for employees to use vacation and sick time accruals.

Employee Name: \_\_\_\_\_

Please complete the following information:

Relationship of Family Member (Choose One)	Date of Knowledge of Death:	Beginning Date of Leave:	Date Returning to Work:
<input type="checkbox"/> Spouse <input type="checkbox"/> Domestic partner <input type="checkbox"/> Custodial Parent <input type="checkbox"/> Non-custodial Parent <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Biological Parent <input type="checkbox"/> Parent-in-law <input type="checkbox"/> Parent of Same-gender domestic partner <input type="checkbox"/> Grandparent <input type="checkbox"/> Grandchild <input type="checkbox"/> Loco Parentis Relationship <input type="checkbox"/> Child, biological, adopted, foster, stepchild of Employee <input type="checkbox"/> Child, biological, adopted, foster, stepchild of Employee's domestic partner <input type="checkbox"/> Other: _____ Please provide relationship			
<div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p>If leave will be taken on an intermittent basis, please provide schedule here:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> </div> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p><input type="checkbox"/> Approved for leave protected under OFLA</p> <p><input type="checkbox"/> Not approved for leave protected under OFLA</p> <p>Reason, if not approved: _____</p> <p>_____</p> <p style="text-align: center;">HR Signature</p> </div>			

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_