

Bereavement Request Approval Form

Please complete this form when requesting Bereavement Leave for the loss of a family member. Refer to [Human Resources Policy Number 6.1](#) for additional details and information.

EMPLOYEE INFORMATION

Lamar ID	Name (First & Last Name)	Job Title
Contact Number	Employee Email Address	Department Name

Supervisor Name

	Relationship to Employee
Date of Funeral	Funeral Location (City, State)

Number of Days/Actual Dates of Requested Absence Attach supporting documentation (Funeral notice/Obituary)

Dates: _____ = _____ (Total Hours Requested)

1 Day

2 Days

3 Days

I acknowledge that the information above is true, accurate and complete. I understand the need to notify my supervisor, department, and/or Human Resources immediately should the status of my leave change.

Employee Signature: _____ Date: _____

Additional Comments:

SUPERVISOR ACKNOWLEDGEMENT/ APPROVAL

As supervisor of the employee listed above, I am aware that the employee has applied for leave as indicated above. I will notify Human Resources immediately if I become aware of any changes to the information provided.

Supervisor Signature/Date	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
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HUMAN RESOURCES APPROVAL

HR Leave Coordinator Signature/Date	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
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AVP HR or Assoc. HR Director Signature/Date	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
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Return completed form to the Human Resources Office at carolina.bryan@lamar.edu or P.O. BOX 11127

Revised 08/25/2021