City of Dixon
Request for Bereavement Leave

Instructions:

1. Please sign and return this form to your Immediate Supervisor no later than the first working day following your return from bereavement leave.
2. **Note:** The department may require additional verification for use of Bereavement Leave. Such verification must be EMPLOYEE INSTRUCTIONS submitted within 10 working days of the request.

Name of Employee:	Classification:	Department:
Phone Number:	Days Taken:	Hours Taken:

EMPLOYEE CERTIFICATION

I _____ declare that it was necessary for me to take Bereavement
Print Name

Leave on/from _____ to _____ due to the death of

my _____ on _____.
Relationship Name of Deceased Date

_____ _____
Employee Signature Date

SUPERVISOR CERTIFICATION

I _____ have reviewed the employee's request to use
Print Name

Bereavement Leave and confirm that the employee is eligible for such leave.

_____ _____
Supervisor's Signature Date