

BAYLOR UNIVERSITY

**REQUEST FOR PAID BEREAVEMENT LEAVE
BU-PP 401A**

Employee Name:		Baylor ID Number:	
Address:		Phone:	
City:	State:	Zip Code:	
Department:			
Chair/Supervisor:			

Date of Death:
Select the Relationship:
<u>Qualifies for up to 80 hours of paid bereavement leave:</u>
<input type="checkbox"/> Spouse
<input type="checkbox"/> Child / Stepchild
<u>Qualifies for up to 40 hours of paid bereavement leave:</u>
<input type="checkbox"/> Parent / Parent-in-Law / Step-Parent
<u>Qualifies for up to 24 hours of paid bereavement leave:</u>
<input type="checkbox"/> Brother / Brother-in-Law
<input type="checkbox"/> Sister / Sister-in-Law
<input type="checkbox"/> Daughter-in-Law
<input type="checkbox"/> Son-in-Law
<input type="checkbox"/> Grandchild / Great Grandchild
<input type="checkbox"/> Grandparent / Grandparent-in-Law / Great Grandparent / Great Grandparent-in-law
<u>In Addition to Relationships Identified Above (must be approved by Human Resources):</u>
<input type="checkbox"/> Other: _____ Hours Requesting: _____

Employee Signature	Date
Chair/Supervisor Signature	Date

Supervisor: Please either print and mail or fax this completed form, or submit electronically:

Mail to: Baylor University, Human Resources,
One Bear Place #97053, Waco, TX 76798-7053

Or Fax to: (254) 710-3819

Or submit electronic form by email to askHR@baylor.edu

If you have questions, please contact us at: (254) 710-2000 or askHR@baylor.edu

HR Use Only: HR Authorization:	Date:
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