



STATE OF IDAHO BEREAVEMENT LEAVE REQUEST FORM

Bereavement leave is defined as **time off** granted to employees to attend funerals or equivalent ceremonies. In Luma, bereavement leave is referred to as “BER” and is deducted from the employee’s accrued sick leave balance.

EMPLOYEE INFORMATION

Employee Name:

Date of Request:

LEAVE INFORMATION

Please specify the family member's relationship to you, the date of their passing, and the desired start and end dates for bereavement leave. If you would like to take intermittent leave, please provide multiple start and end dates. Lastly, please indicate the total number of days and hours* you are requesting.

- **Family Member’s Relationship:**
- **Date of Passing:**
- **Desired Leave Dates (specify multiple dates for intermittent leave):**

- **Total Number of Days and Hours Requested:**

* Employees may take up to 5 days of **bereavement leave** per family member's passing without additional documentation required. This leave does not have to be consecutive but must be used within the **first year** following the family member's passing. Bereavement leave will be deducted from the employee's accrued **sick leave** balance.

- Employees needing more time or accommodations should contact their agency Human Resources department.
- Employees desiring to utilize vacation leave following the initial five days of sick leave are advised to consult with their supervisor.

Employee Signature: _____ **Date Signed:**

Supervisor Signature: _____ **Date Signed:**

The signed request form must be submitted to the Human Resources Department by the supervisor upon completion.