

Compassionate Leave Request Form

Please use this form to formally request compassionate leave following the death of a family member. Submit this to your supervisor or HR department as per company policy.

Employee Name:

Department:

Date of Request:

Relationship to Deceased:

Date of Passing:

Requested Leave Dates:

e.g., 2024-06-10 to 2024

Additional Information (optional):

Contact Information during Leave:

Submit Request

If you need further assistance, please contact HR. We extend our condolences during this difficult time.