

## CERTIFICATION FORM FOR BEREAVEMENT LEAVE UNDER MOU, SECTION 16.13

Under MOU, Section 16.13: Bereavement Leave – Death of a Relative, a letter stating the name of the deceased person and the Employee's relationship to the deceased person must be submitted with applicable time sheet/leave report. Please enter the appropriate relationship on the space on the left and write the deceased's first and last name.

\_\_\_\_\_ Death of spouse, child, stepchild, stepparent, parent of Employee or spouse, brother or sister of Employee or spouse, grandparent or grandchild of Employee or spouse, son-in-law, daughter-in-law, parent of a shared child or other relative who is a permanent resident of the household, aunt, uncle, niece or nephew of Employee or spouse.

Name: \_\_\_\_\_

Once you have completed and saved this form, please email your document(s) to: **hr@smcm.edu**.

Include your full name, program name, and form name in the subject line. Example: John Smith – Journalism & Broadcast Program, Student Preferred Name Form. If you have any questions or issues submitting your form, contact us at the same email address for assistance.

I hereby affirm and attest that the information I have provided is true and correct. I understand that if I have provided information that is not true, I may be subject to disciplinary action.

\_\_\_\_\_  
Employee Name (Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date