

BOMBARDIER

APPLICATION FOR BEREAVEMENT LEAVE AND COMPENSATION

Name of Employee :	Employee number:
Date submitted:	Dept. number:
Payroll Type: <input type="checkbox"/> 112 <input type="checkbox"/> 673 <input type="checkbox"/> Salaried	

Name of deceased:	Date of death:
Date of funeral:	Place of funeral:
Relationship Entitlement: 5 days Wife <input type="checkbox"/> Husband <input type="checkbox"/> Daughter <input type="checkbox"/> Son <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/>	
Relationship Entitlement: 4 days Sister <input type="checkbox"/> Brother <input type="checkbox"/> Grandmother <input type="checkbox"/> Grandfather <input type="checkbox"/> Mother-in-law <input type="checkbox"/> Father-in-law <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Stepmother-in-law <input type="checkbox"/> Stepfather-in-law <input type="checkbox"/> Stepchildren <input type="checkbox"/>	

Employee was/will be absent from work on the following days:
_____ day, _____ day, _____ day, _____ day, _____ day of _____ month _____ year

I am requesting bereavement leave with pay. Payment is made to the extent of time lost for the above and does not exceed the five (5) days or four (4) days entitlement. I understand that I may be required to produce proof of death.	
Signature	
Employee:	Date:
Supervisor:	Date:
Supervisor: (Please Print Name)	Extension:

All sections must be completed - Supervisor/Manager to distribute copies as follows

Original to Employee Service Centre (ESC) and copy to (Union 112/673)

Processed by Payroll:
