

**BEREAVEMENT BENEFIT CLAIM FORM**

***MUST BE SUBMITTED TO HUMAN RESOURCES WITHIN TWO DAYS OF RETURNING TO WORK***

EMPLOYEE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_\_\_\_

DEPARTMENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Death of: \_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_, relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name) (Date)

DAY(S) OF THE WEEK DATE(S)

BEREAVEMENT\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

\*Please note if time is being requested for a later interment.

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Optional: If the employee wishes for the County to make a memorial donation to a specific non-profit in memory of the deceased, please complete the section below:

Organization Name: ­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_­­­­­­\_\_\_\_\_\_\_\_\_\_\_ State: \_\_­\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_

Payment for bereavement is in accordance with the provisions of the employee’s current bargaining unit agreement. For your convenience, contracts are located at: <http://www.tompkinsco.org/personnel/Contracts/index.html> . If a Management or Confidential employee is claiming bereavement, please refer to the White Collar agreement. Employees requesting bereavement leave may be required to provide a copy of the obituary when submitting a bereavement claim form to be eligible for bereavement pay.

NOTE: The maximum daily rate for bereavement will be the hourly wage for the position times the number of hours per day in the standard five day work week of the employee.

*PLEASE CONTACT TOMPKINS COUNTY HUMAN RESOURCES DEPARTMENT AT (607) 274-5526 WITH ANY QUESTIONS REGARDING THIS BENEFIT.*

APPROVED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ APPROVED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Date) (Signature of Department Head or Designee)

APPROVED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ APPROVED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Date) (Signature of Commissioner of Personnel or Designee)

03/2012