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## BEREAVEMENT POLICY

- I. **BACKGROUND.** The purpose of this policy is to provide employees with the time and space to manage immediate needs following the loss of a loved one. \_\_\_\_\_ recognizes that each situation comes with unique challenges. Employees are encouraged to communicate with supervisors to ensure their needs are met as they utilize bereavement leave and transition back to work.
- II. **ELIGIBILITY.** This policy applies to \_\_\_\_\_ employees who have completed a minimum probationary period of \_\_\_\_ days of employment with the Company. Contract and temporary employees are not eligible for paid leave under this policy.
- III. **RELATIONSHIP TO DECEASED.** Eligible employees are entitled to take bereavement leave in the event of the death of an immediate family member (spouse, domestic partner, child, parent, or sibling) or a close relative (grandparent, aunt/uncle, niece/nephew, cousin, or in-law).
- IV. **DURATION OF LEAVE.** In the event of the death of an immediate family member, eligible employees may take up to \_\_\_\_ working days of \_\_\_\_\_ leave to attend services, manage affairs, and for personal time. The entitlement in the event of the passing of a close relative is \_\_\_\_ working days. Employees may elect to use accrued paid time off if additional time is needed. Additional leave may be granted at the discretion of human resources or the relevant supervisor ("management").
- V. **NOTICE AND DOCUMENTATION.** Employees should management of their intent to take bereavement leave at the earliest opportunity and no later than the day on which leave is to begin. On a case-by-case basis, the Company may request documentation such as a funeral program, obituary, and/or written verification of the employee's relationship to the deceased.
- VI. **CONFIDENTIALITY.** The Company will maintain the utmost discretion and sensitivity in supporting employees through the process of bereavement leave. Information will only be shared with relevant personnel on a need-to-know basis.

## EMPLOYEE ACKNOWLEDGEMENT

I, \_\_\_\_\_ (employee), acknowledge that on \_\_\_\_\_, 20\_\_\_\_, I received a copy of \_\_\_\_\_'s Attendance Policy and that I read it, understood it, and agree to comply with it. I understand that \_\_\_\_\_ has the maximum discretion permitted by law to interpret, administer, change, modify, or delete this policy at any time, with or without notice.

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

Employee Signature  
Printed Name  
Date