BEREAVEMENT LEAVE PAY FORM

This form must be completed in full, <u>signed by the employee</u> and forwarded to the H.E.A. with a copy of the obituary notice or death certificate. Unsigned form will be returned.

Employee's Name	Union Number	Local	
Member of:			
Indica	ate Name of Gang, BWF, (Hall i	if not attached)	
Name of Deceased:			
Date of Death:	Date of	f Funeral:	
RELATIONSHIP TO EM	· · · · · · · · · · · · · · · · · · ·		
Spouse or common-l Parent and parent's s	aw partner spouse or common-law partner		
		rtner and the spouse or common-lav	w partner
of the parent	-	-	_
	e employee's spouse or common f the employee's spouse or com	-	
Grandchild	I the employee's spouse of com	unon-iaw parunci	
Grandparent and gra	ndparent of the employee's spou y residing in your household or y	-	
conjugal relationship		been cohabiting with an individual i ave been so cohabiting with the ind s death.	
date of the funeral as the thir "NO."		Date of Death, do you wish to subst If "YES" is not selected, the defau	
YES			
funeral? If YES, lost time w	vages for basic workforce and ga	hight time immediately prior to the ang members would be restricted to neral. If "YES" is not selected, the	o one
YES (if YE	S, indicate which date taken: Fu	neral date will be used unless indicated of) herwise
Have you worked during an	y of these days at an outside con	npany? (Please check)	
YES	NO		
If YES, indicate whe	ere and when:		
Employee Signature		Data	
Ellipioyee Signature	(Must be signed and dated by t	Date the Employee)	
To be completed by Company (f	or Basic Workforce and Gang Membe	ers)	
List all regular orders lost of Order and the rate for each	6	. Date, Work Period, Complete Dur	ration of
Company Representative	Signature	Date	

X:\Accounting & Administration\Bereavement Leave Pay Form Aug 2022.docx