BEREAVEMENT LEAVE PAY FORM

You are entitled to three days paid leave following the date of death.

This form must be completed in full, signed by the employee 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: _____

Indicate Name of Gang, BWF, (Hall if not attached)

Name of Deceased: _____

Date of Death: _____ Date of Funeral: _____

RELATIONSHIP TO EMPLOYEE (Please check):

_____ Spouse or common-law partner
_____ Parent and parent's spouse or common-law partner
_____ Parent of the employee's spouse or common-law partner and the spouse or common-law partner of the parent
_____ Child and child of the employee's spouse or common-law partner
_____ Sibling and sibling of the employee's spouse or common-law partner
_____ Grandchild
_____ Grandparent and grandparent of the employee's spouse or common-law partner
_____ Relative permanently residing in your household or with whom you reside

"**Common-law partner**" means a person who has been cohabiting with an individual in a conjugal relationship for at least one year, or who has been so cohabiting with the individual for at least one year immediately before the individual's death.

Bereavement Days #1 & #2: Do you wish to take up to two (2) eight (8) hour days at straight time immediately prior to the day of the funeral? If YES, lost time wages for basic workforce and gang members would be restricted to one day—either the day following the death or the day of the funeral, based on the answer to the question below. If "YES" is not selected, the default will be "NO."

_____ YES (if YES, indicate which date(s) to move:_____)

Bereavement Day #3: If the funeral is not within the three (3) days following the Date of Death, do you wish to substitute the date of the funeral as the third day of Bereavement Leave? If "YES" is not selected, the default will be "NO."

_____ YES

Have you worked during any of these days at an outside company? (Please check)

_____ YES _____ NO

If YES, indicate where and when: _____

Employee Signature _____ **Date** _____

(Must be signed and dated by the Employee)

To be completed by Company (for Basic Workforce and Gang Members)

List all regular orders lost during Bereavement Leave – i.e. Date, Work Period, Complete Duration of Order and **the rate for each time period identified.**

_____

_____

_____

_____

Company Representative Signature **Date**