



OHIO NORTHERN UNIVERSITY

REQUEST FOR BEREAVEMENT LEAVE

Name: _____ Date: _____
Last First MI

Department: _____

Relationship of Deceased: _____

Date(s) For Leave Requested: _____

Pay Type: [] Bereavement (BRV) [] Vacation (VAC) [] Personal (PER) [] Unpaid (Ø)

Non-Faculty employees should log bereavement time taken under the appropriate code in Self-Service Banner.
The time logged should match the request form.

Supervisor Name (please print)

Supervisor Signature

CC: Employee, Department Head, Personnel File
Please contact the Office of Human Resources if you have any questions at x2013



Loss of an immediate family member as defined below
allows for up to 3 days bereavement leave with supervisor approval.

When possible, please include obituary information for validation.

BEREAVEMENT POLICY

ONU's policy is to grant a leave of absence, not to exceed three (3) consecutive working days,
to all full-time employees experiencing a death in their immediate family. Vacation time or
leave without pay may be utilized to supplement allowed days, if necessary.

As used here, "immediate family" includes an employee's spouse/partner, parents and
grandparents, children and grandchildren, brothers and sisters, mother-in-law and father-in-
law, brothers-in-law and sisters-in-law, daughters-in-law and sons-in-law (or the same relatives
of your spouse/partner). Adopted, half and step-members are also including in "immediate
family."