

APPLICATION FOR COMPASSIONATE LEAVE

I.D. # _____

DEPARTMENT: _____

APPLICATION

DATE: _____

MANAGER/SUPERVISOR: _____

EMPLOYEE NAME: _____

POSITION: _____

RELATIONSHIP OF DECEASED TO EMPLOYEE: CIRCLE ONE

(4 DAYS LEAVE)

(1 DAY LEAVE)

PARENT

FOSTER PARENT

AUNT

WIFE

BROTHER

UNCLE

HUSBAND

SISTER

CHILD

PARENT – IN – LAW

GRAND PARENT

COMMON-LAW PARTNER

DATE & PLACE OF BURIAL:

I HEREBY REQUEST THAT I BE GRANTED A LEAVE OF ABSENCE FOR A PERIOD OF (____ DAYS). * LEAVE OF ABSENCE AND IN THE EVENT OF BURIAL ON A FAMILY ISLAND, AN ADDITIONAL PERIOD OF ____ DAYS.

EMPLOYEE SIGNATURE: _____

MANAGER:

TITAN
HOSPITALITY

HUMAN RESOURCES:

DATE:

A COPY OF DEATH AND/OR OBITUARY TO BE ATTACHED

