

OFFICE OF HUMAN RESOURCES 47645 College Drive St. Mary's City, MD 20686 FAX: 240-895-4997

www.smem.edu TEL: 240-895-4309

CERTIFICATION FORM FOR BEREAVEMENT LEAVE **UNDER MOU, SECTION 16.13**

Under MOU , Section 16.13 : Bereavement Leave – Death of a Relative, a letter stating the name of the deceased person and the Employee's relationship to the deceased person must be submitted with applicable time sheet/leave report. Please circle the appropriate relationship and write the deceased's first and last name.	
Death of spouse, child, stepchild, stepparent, parent of Employee or spouse, brother or sister of Employee or spouse, grandparent or grandchild of Employee or spouse, son-in-law, daughter-in-law, parent of a shared child or other relative who is a permanent resident of the household, aunt, uncle, niece or nephew of Employee or spouse.	
Name:	
I hereby affirm and attest that the information I have provi- that if I have provided information that is not true, I may b	
Employee Name (Print)	Date
Employee Signature	 Date