



APPLICATION FOR BEREAVEMENT ALLOWANCE

SECTION 1 (Please Print)		CLAIMANT'S STATEMENT				
NAME	FIRST	MIDDLE	LAST	EMPLOYEE NUMBER		
ADDRESS			OCCUPATION		JOB #	
			RELIEF DAYS			
NUMBER		STREET				
CITY OR TOWN			STATE	ZIP		
WORK LOCATION			TOUR OF DUTY			
NUMBER OF DAYS REQUESTED			COPY OF DEATH CERTIFICATE ATTACHED () YES () NO			
ACTUAL DATES REQUESTED			LETTER FROM FUNERAL DIRECTOR ATTACHED () YES () NO			
RELATIONSHIP OF DECEASED TO YOU						
() MOTHER		() SISTER		() STEPMOTHER		
() FATHER		() BROTHER		() STEPFATHER		
() WIFE		() MOTHER-IN-LAW		() STEPCHILD		
() HUSBAND		() FATHER-IN-LAW		() GRANDPARENT		
() CHILD						
I HAVE READ THE ABOVE, AND HEREBY CERTIFY THAT THE INFORMATION ON THIS APPLICATION IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE AND CORRECT.						
(SIGNATURE)			(DATE)			
SECTION 2 (Please Print)		DEPARTMENT REPORT				EMPLOYEE #
EMPLOYEE'S NAME (As indicated on pay check)		FIRST INITIAL	MIDDLE INITIAL	LAST NAME		
DATE EMPLOYEE LAST WORKED		MONTH	DAY	YEAR		
LAST DAY EMPLOYEE RECEIVED REGULAR WAGES		MONTH	DAY	YEAR		
DATE & TIME EMPLOYEE RETURNED TO WORK		MONTH	DAY	YEAR	TIME	AM PM
INDICATE THE FOLLOWING INFORMATION AND SUPPLY THE RELIEF DAYS FOR CLAIMANT				PAYROLL INFORMATION:		
DAY OF WEEK	DATE	S.T. HOURS	O.T. HOURS	DIF. HOURS	PAYROLL CREW # _____	
WEDNESDAY						
THURSDAY					DIV. _____ ICC _____	
FRIDAY						
SATURDAY					DEPT. _____ GANG _____	
SUNDAY						
MONDAY						
TUESDAY					RATE OF PAY _____ PER HOUR	
() APPROVED () DISAPPROVED				RELIEF DAYS _____		
IF DISAPPROVED, STATE REASON _____				EMPLOYEE'S UNION AFFILIATION: _____		
SECTION 3						
AUTHORIZED SIGNATURE:			TITLE:			
DATE SIGNED:			PHONE EXTENSION: (Required)			

IMPORTANT INSTRUCTIONS TO CLAIMANT

1. Be sure to sign and date claim.
2. Submit death certificate or note from the funeral director showing date of death, burial and relationship.
3. Have your department complete Section 2 and 3 and forward to the Benefits Office. Dept. must include Phone Extension.