



APPLICATION for BEREAVEMENT ALLOWANCE

SECTION 1 (Please Print) CLAIMANT'S STATEMENT

NAME FIRST MIDDLE LAST EMPLOYEE NUMBER

RESIDENT OCCUPATION JOB # RELF. DAYS
 NON-RESIDENT WORK LOCATION

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'S NAME (As indicated on pay check) FIRST INITIAL MIDDLE INITIAL LAST NAME EMPLOYEE #

DATE EMPLOYEE LAST WORKED MONTH DAY YEAR

LAST DAY EMPLOYEE RECEIVED REGULAR WAGES MONTH DAY YEAR

DATE AND TIME EMPLOYEE RETURNED TO WORK MONTH DAY YEAR TIME AM PM

INDICATE THE FOLLOWING INFORMATION AND SUPPLY THE RELIEF DAYS FOR CLAIMANT.

DAY OF WEEK	DATE	S.T. HOURS	O.T. HOURS	DIF. HOURS
WEDNESDAY				
THURSDAY				
FRIDAY				
SATURDAY				
SUNDAY				
MONDAY				
TUESDAY				

APPROVED DISAPPROVED
 IF DISAPPROVED, STATE REASON _____

PAYROLL INFORMATION:

PAYROLL CREW # _____

DIV. _____ ICC _____

DEPT. _____ GANG _____

RATE OF PAY _____ PER HOUR

RELIEF DAYS: _____

EMPLOYEE'S UNION AFFILIATION: _____

SECTION 3

AUTHORIZED SIGNATURE _____ TITLE _____

DATE SIGNED _____ PHONE EXTENSION _____

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

