



# COMMISSIONAIRES

## BEREAVEMENT LEAVE REQUEST

Name: \_\_\_\_\_

CM: \_\_\_\_\_

Workplace: \_\_\_\_\_

Relationship of deceased:

Wife	<input type="checkbox"/>	Husband	<input type="checkbox"/>
Mother	<input type="checkbox"/>	Father	<input type="checkbox"/>
Brother	<input type="checkbox"/>	Sister	<input type="checkbox"/>
Son	<input type="checkbox"/>	Daughter	<input type="checkbox"/>
Common-law spouse*	<input type="checkbox"/>	Grandchild	<input type="checkbox"/>

\* As defined in the Family Law Act, Revised Statutes of Ontario

Date of Funeral: \_\_\_\_\_

Location of Funeral: \_\_\_\_\_

I, \_\_\_\_\_ make application for leave of absence (bereavement) with pay for the following dates:

From: \_\_\_\_\_ to \_\_\_\_\_ .

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Detachment Commander Comments:

Applicant scheduled to work above dates: Yes  No

Det. Comd. Signature: \_\_\_\_\_

Date: \_\_\_\_\_