



# Tompkins County Department of Human Resources

125 East Court Street, Ithaca, NY 14850 | P: (607) 274-5526 | F: (607) 274-5401 | www.TompkinsCountyNY.gov  
*Inclusion through Diversity*

## BEREAVEMENT BENEFIT CLAIM FORM

**MUST BE SUBMITTED TO HUMAN RESOURCES WITHIN TWO DAYS OF RETURNING TO WORK**

EMPLOYEE: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

Death of: \_\_\_\_\_ on \_\_\_\_\_, relationship \_\_\_\_\_  
(Name) (Date)

DAY(S) OF THE WEEK      DATE(S)

BEREAVEMENT*:	_____	_____
	_____	_____
	_____	_____
	_____	_____

\*Please note if time is being requested for a later interment.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Optional: If the employee wishes for the County Employee Vending Committee to make a memorial donation to a specific non-profit in memory of the deceased, please complete the section below.

**Note: One (1) \$25.00 Donation may be requested per family of the deceased (or employee) - for the same deceased person.**

Definition of relationship must be immediate family member: spouse/domestic partner; parent (including stepparent, parent of domestic partner, mother/father-in-law); child (including stepchild, foster child, and child of domestic partner); sibling (including stepsibling and brother/sister-in-law), grandparent, grandchild, or any relative that is an actual member of employee's household (*written documentation may be requested to verify residency of other household members*).

Organization Name: \_\_\_\_\_ Address: \_\_\_\_\_

Payment for bereavement is in accordance with the provisions of the employee's current bargaining unit agreement. For your convenience, contracts are located at:

[https://www2.tompkinscountyny.gov/personnel/Contracts\\_Salary](https://www2.tompkinscountyny.gov/personnel/Contracts_Salary)

Employees requesting bereavement leave may be required to provide a copy of the obituary when submitting a bereavement claim form to be eligible for bereavement pay.

NOTE: The maximum daily rate for bereavement will be the hourly wage for the position times the number of hours per day in the standard five day work week of the employee.

**PLEASE CONTACT TOMPKINS COUNTY HUMAN RESOURCES DEPARTMENT AT (607) 274-5526 WITH ANY QUESTIONS REGARDING THIS BENEFIT.**

APPROVED: _____ (Date)	APPROVED BY: _____ (Signature of Department Head or Designee)
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