 Form GARH-13

**REQUEST FOR BEREAVEMENT**

|  |  |  |  |
| --- | --- | --- | --- |
| Employee's Name: |  |  |  |
|  | First | Middle | Last |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Home Mailing Address: |  | | | | | | |
| City: |  |  | State: |  |  | Zip: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Social Security Number: XXX-XX- |  |  | Home Telephone # |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Work Telephone # |  |  | Work Site: |  |

|  |  |
| --- | --- |
| Position: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date Requested to Begin Leave: |  |  | Date Requested to End Leave: |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee’s Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal’s/Supervisor’s Signature Date

**Forward to the Human Resources Benefits Office**

**P.O. Box 1088**

**Marietta, Ga. 30061**

**(770)426-3537 (678) 594-8580 (fax)**