



CITY OF PORTLAND, BUREAU OF HUMAN RESOURCES Funeral,  
Bereavement and Pregnancy Loss Leave Request Form

Employee reviews and completes sections I – IV and submits to their manager

**I. Requesting Employee Information:**

FIRST NAME	LAST NAME
PERNR # (Employee ID - Available on Pay Statement)	MANAGER'S NAME

**II. Type of Bereavement or Pregnancy Loss Leave Requested:**

- Relative Bereavement Leave
- Close Affinity Bereavement Leave
- Pregnancy Loss Leave

For definitions of each leave type and qualifying relationships please reference, [HRAR 6.08 Funeral, Bereavement, and Pregnancy Loss Leave](#).

**III. Date(s) of Leave Requested:** Employees may be granted up to three (3) days of leave with pay for the death of (1) a relative or (2) any individual related by close affinity; or (3) due to pregnancy loss including miscarriage, stillbirth, or other loss. With the approval of the Bureau Director or designee, an additional two (2) days leave with no deduction in pay may be allowed for necessary funeral travel time.

Date(s) of Leave: \_\_\_\_\_ Total Days/Hours: \_\_\_\_\_

**IV. Requestor Signature**

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

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

**V. Approval Signature – Bureau Director or designee** (required only if requesting additional 2 days)

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

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

Approver reviews and completes section V and submits to their Bureau OPBA and/or Timekeeper.

Excessive, fraudulent or abuse of leave privileges under [HRAR 6.08](#) will be subject to investigation and as applicable and may result in discipline up to and including termination of employment.

A copy of this form will be provided to central BHR for placement in your employee BHR Personnel File (family or close affinity leave) or Medical File (pregnancy loss leave).