****(APPROPRIATE LETTERHEAD)

**MEMORANDUM**

Date

**TO:** {Department Head Name}

 Department Head

 {Department Name}

**FROM:** {Employee Name}

 {Unit Name}

 {Title & PIN}

**SUBJECT:** Request for Emergency Leave for Death of a Family Member

In accordance with [System Regulation 31.03.03 Leave of Absence with Pay](https://policies.tamus.edu/31-03-03.pdf) - Section 2.1 Death of a Family Member and [Texas A&M Guidance Document – Leave of Absence with Pay](https://employees.tamu.edu/employee-relations/_media/Guidance-docs/Leave%20of%20Absence%20with%20Pay.pdf), I am requesting [enter # of hours] of emergency leave for the death of my [enter immediate immediate family member relationship here, i.e. parent, sibling, spouse, child, stepchild, spouse’s parent, etc.]. Consistent with the System Regulation, I understand that these days must be used within six months of date of death, [enter month, day, year].

cc: HR Generalist/Manager’s Name

 Leave File, Employee’s Name

**Check one:**

\_\_\_\_This Emergency Leave Request **does not exceed five (5) working days or forty (40) hours** and only requires department head or designee approval.

Department Head Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_This Emergency Leave Request is for **41-80 hours** and also requires approval from the appropriate Vice President or designee.

Vice President Name/Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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