

Bereavement Leave Advisory

Date: [Insert Date]

Employee Name: [Insert Employee Name]

Employee ID: [Insert Employee ID]

Department: [Insert Department]

Dear [Employee Name],

We are deeply sorry to hear about your loss. During this difficult time, we want to ensure you have the necessary support.

As per our company policy, you are entitled to bereavement leave for the duration of [Insert Duration, e.g., three days] following the loss of an immediate family member. If you require additional time off, please feel free to discuss your needs with your supervisor or the HR department.

Again, we extend our heartfelt condolences to you and your family. Please take care of yourself during this challenging time.

Sincerely,

[Your Name]

[Your Position]

[Company Name]

[Contact Information]