

How to Request/Report Bereavement Leave – Exempt Employees

Go to Self-Service: <https://selfservice.wittenberg.edu/>


Choose **Employee**



Employee

Here you can view your tax form consents, earnings statements, banking information, timecards and leave balances.

Choose **Leave**



Leave

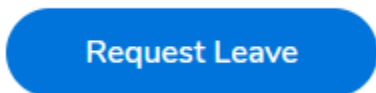
Here you can view your leave balances and leave requests.

Leave balances can be viewed toward the bottom of this page. Once Bereavement leave is requested and approved, it will appear as a negative balance. This is for tracking purposes only!

Leave - As Of 10/23/2023

Description	Starting Balance	Earned	Used	Adjustments	Balance	Actions
Vacation-Exempt	0.00	124.00	44.00	0.00	80.00	... View
Sick-Exempt	0.00	240.00	4.00	0.00	236.00	... View
Volunteer-Exempt	0.00	8.00	0.00	0.00	8.00	... View
Bereavement-Exempt	0.00	0.00	8.00	0.00	-8.00	... View

Choose **Request Leave** to report Bereavement leave



Choose **Select a Leave Type** and choose **Bereavement**

New Request

Save Submit Comments Delete

Leave Type

Select a Leave Type ^

-
- Sick
- Vacation
- Bereavement
- Volunteer

End Date *

M/d/yyyy

Current Leave Balance: 0.00 hours

Pending: -0.00 hours

Effective Balance: 0.00 hours





Total Requested: 0.00 hours

For deaths in the immediate family, employees may use up to three consecutive paid working days to handle family affairs and attend the funeral. The university provides one (1) additional day for required travel beyond a 250-mile radius. Should additional time be needed, employees may request to use accrued vacation, personal time (if applicable), or time off without pay. Full policy can be found in the Wittenberg University Employee Manual.




Add the **Start Date** and **End Date**. If it is only one day, the start and end date will be the same. Add the number of hours in each box. All leave must be taken in half days (4 hours) or full days (8 hours).

In the top right corner, choose **Comments**.

Bereavement 10/19/2023 - 10/20/2023

 Save
  Submit
  Comments
  Delete

Leave Type
 Bereavement

Start Date *  10/19/2023  End Date * 10/20/2023 

<	SU 15	MO 16	TU 17	WE 18	TH 19	FR 20	SA 21	>
					4.00	8.00		

Current Leave Balance: -8.00 hours

Pending: -0.00 hours

Effective Balance: -8.00 hours

Total Requested: 12.00 hours

The immediate family member must be specified in the **Comments** section. Choose **Add Comment** when completed.

Comments ✕





Attending the funeral of my *immediate family member
 *specify if it is a spouse, child or stepchild, parents, stepparent or legal guardians, grandparents, siblings or step-siblings, grandchildren, aunts or uncles, nieces or nephews, mother-in-law, father-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, or grandparents-in-law

Add Comment




Close

Choose **Submit** to send to supervisors to be approved.

Bereavement 10/19/2023 - 10/20/2023

 Save
  Submit
  Comments
  Delete

Leave Type
 Bereavement

Start Date *  10/19/2023  End Date * 10/20/2023 

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