

924 Bereavement sample timecard

Job Information		
Claim Type:*	Date on Duty (MMDDYYYY):*	Day of Week:*
<input checked="" type="radio"/> General Claim <input type="radio"/> Penalty Claim <input type="radio"/> Cash-in	08/01/2023	Tuesday
Division:*	Assignment Number:*	Project Number:
Newark	R440	
Place First Went On Duty:*	Place Finally Went Off Duty:*	Type of Service:*
Other	Other	Passenger
Specify Place First Went On Duty:*	Specify Place Finally Went Off Duty:*	
NA	NA	
Time First Went On Duty (HHMM):	Time Finally Went Off Duty (HHMM):	Total Elapsed Time On Duty (HHMM):
Claim Information		
Claim Code 1:*	Unit of Compensation 1:*	Constructive Allowance 1 (HHMM/Amount):*
924-Bereavement leave	Hours	08:00
Claim Detail 1:*		
Pay eight hours for ber		
Approver 1:		
NA		
ADD CLAIM CODE		
Attachments		
Upload Supporting Documents		
Cindy obit.jpg		
Delay Information		
Was there a delay?*		
<input type="radio"/> Yes <input type="radio"/> No		

You need one card for each of the three days

Use other & NA for on/off location

Use code 924

Your attachment will show up here once successfully attached, include a document that shows the connection to the deceased, this could be an obituary showing you as a survivor, a letter from the funeral director stating your relationship to the deceased, birth/marriage certificates establishing the connection. If this is not satisfied verification will deny the claim and ask for additional documents

Click the paperclip icon to attach documents