

NOTIFICATION OF EMPLOYEE DEATH FORM

Upon Notification of Employee Death, please e-mail completed form to your Designated HRD Contact.

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| 1. Name of Deceased Employee: | 2. Occupation and Series: | 3. District/Program: |
| 4. Duty Location: | 5. Date of Death: (If known) (mm/dd/yyyy) | 6. Cause of Death: (If known) |
| 7. Contact Person, Relationship and Address to whom claim forms should be sent: (If known) | | 8. Contact Person's Phone Number: (If known) (1234567890) |

9. At Time of Death Employee was: (Check One)

☐ On Duty ☐ On Detail ☐ In Paid Travel Status ☐ None

10. Name and Ages of Unmarried Children: (Under 18;18 to 22 and School Fulltime (FT); Incapable of Self-Support, if known)

11. Additional Information:

12. Immediate Supervisor: (Contact information)

13. District/Program Contact: (Including phone number)