**Illinois Department of Labor**
Conciliation and Mediation Division
160 N. LaSalle St., Suite #C-1300
Chicago, Illinois 60605
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# Family Bereavement Leave Act 10(a)(4) Leave Form

| **FAMILY BEREAVEMENT LEAVE ACT (820 ILCS 154)**<br>**10(a)(4) LEAVE FORM** |
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| Section 10(a)(4) of the Family Bereavement Leave Act (820 ILCS 154/10(a)(4)) provides eligible employees up to 10 days of unpaid leave time for events related to pregnancy, adoption, and surrogacy. An employer may request reasonable documentation certifying that the employee, the employee's spouse or domestic partner, or the employee's surrogate experienced an event that qualifies for leave under Section 10(a)(4) of the Act; however, an employer *may not* require the employee to identify which category of event the leave pertains to as a condition of exercising rights under the Act. In accordance with 820 ILCS 154/10(d), this form is provided by the Illinois Department of Labor for documentation of 10(a)(4) bereavement leave. |
| **Employee Information (*This section to be completed by employee*)** |
| **Employee Name:** _____ |
| **Employer Name:** _____ |
| **This form is to serve as certification for (*check one*):**<br>☐ **Myself**<br>☐ **My Spouse / Domestic Partner / Surrogate** |

## CERTIFICATION

| **Instructions:** This section is to be filled out by a health care practitioner or a representative from an adoption or surrogacy organization. Please ***do not*** indicate which event the individual has experienced. |
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**Certification For:** _____
(Name of Individual)

I, the undersigned, am (*check one*):

☐ A health care practitioner; I treated the above-named individual for a qualifying event under Section 10(a)(4).
☐ A representative from an adoption or surrogacy organization; I worked with the above-named individual related to a qualifying event under Section 10(a)(4).

I certify that the above-named individual experienced a qualifying event under Section 10(a)(4) of the Family Bereavement Leave Act (Public Act 102-1050).[1]

Date Qualifying Event Began: _____/_____/_____     *(If exact date is unknown, provide approximate date based on your professional opinion)*
Month     Day     Year

_____          _____
Signature of Health Care Practitioner /Representative from Adoption or                        Date
Surrogacy Organization

_____          _____
Printed Name                                                              Entity/Organization Name

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[1] The following events qualify for bereavement leave under 820 ILCS 154/10(a)(4): (i) miscarriage, (ii) unsuccessful intrauterine insemination or assisted reproductive technology procedure; (iii) failed adoption match or adoption not finalized because it is contested; (iv) failed surrogacy agreement; (v) a diagnosis that negatively impacts pregnancy or fertility; or (vi) stillbirth.