CARE

CARDS AND RESPONSES TO EVENTS

SITUATION FORM

Employee Name & Title _____ Date _____

Street Address / City / Zip _____

Nature of Event _____

If Hospitalized:

Send ☐ card or ☐ flowers to _____

Hospital _____

Street Address / City _____

If Death:

Name of Deceased _____

Relation to Employee _____

Date of Death _____ Funeral Home _____

Street Address / City _____

Visitation Dates and Times _____

Date and Time of Funeral _____

Funeral Location _____

Additional Information _____

_____

Memorial: Contact person _____

☐ Flowers requested ☐ Memorial contribution requested

Birth Announcement:

Mother or Father Name & Department _____

Circle one: Boy Girl Date born: _____ Weight _____ Length _____

Baby's Name:_____

Completed by HR Only

Cards	**Flowers**	**For Births**
☐ President's Office _____	Date Ordered _____	☐ Change of Status Packet Sent
☐ HR Office _____	By Whom _____	Mailed _____

☐ Email CARE Recipients: President's Office, VP-ABA, VP-AA, University Communications, HR