FUNERAL LEAVE REQUEST
(Supplement to Annual or Sick Leave Request)

Employee’s Name ____________________________ (Please Print)

Date Request Submitted: ____________________________

Name of deceased family member: ____________________________

Relationship: ____________________________

Place of death: ____________________________________________

(City and State)

Date of death: ____________________________________________

Date of burial: ____________________________________________

Place of burial: ____________________________________________

(City and State)

Remarks or explanation: ____________________________________________

________________________________________

________________________________________

________________________________________

________________________________________

Signature of employee: ____________________________ (Date)

Attach the deceased’s obituary or other appropriate documentation to support the funeral leave request.

Attach to Annual or Sick Leave Request
Send all documentation to Labor Relations

Updated 9/30/16