



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