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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