

CITY OF APPLETON
REQUEST FOR FUNERAL LEAVE

I hereby request paid funeral leave for _____ work days.

Name of Employee: _____

Name and Relationship of Deceased: _____

Date of Death: _____

Date of Funeral: _____

Dates of Leave: _____

EMPLOYEE SIGNATURE: _____ DATE: _____

APPROVED BY

Review appropriate union contract language or non-represented fringe plan to verify eligibility of date(s) requested prior to approving time off.

SUPERVISOR: _____ DATE: _____

DEPARTMENT HEAD: _____ DATE: _____

HUMAN RESOURCES DIRECTOR: _____ DATE: _____