

**CITY OF OMAHA
FUNERAL LEAVE REQUEST
MANAGEMENT EMPLOYEES**

Date _____

Name of Employee Requesting Leave: _____
(Last Name, First Name, M.I.)

Department: _____ Division: _____

TIME OFF REQUESTED

Check One:

Hours (Indicate number of hours _____)

1 Day

2 Days

3 Days

4 Days

5 Days

Name of deceased: _____ Relationship to deceased: _____

Date of Death: _____ Date of funeral: _____

Where is funeral to be held? City: _____ State: _____

Are you in charge of funeral arrangements? _____

Signature of employee requesting leave: _____

ACTION ON REQUEST

I recommend Hour(s)
 Day(s)

Dates _____

Recommended By: _____
Signature of Management Supervisor

Approved By: _____
Signature of Department Head or Designated Representative