

Request for Funeral Leave

City of Omaha

Date _____

Name of employee requesting leave _____
Last First M.I.

Department _____ Division _____

Pursuant to Chapter 23 of the Omaha Municipal Code, or my governing Union contract, I request Funeral Leave as follows:

- | | | |
|--------------------------------------|---------------------------------|---------------------------------|
| <input type="checkbox"/> _____ hours | <input type="checkbox"/> 2 days | <input type="checkbox"/> 4 days |
| <input type="checkbox"/> 1 day | <input type="checkbox"/> 3 days | <input type="checkbox"/> 5 days |

Date of day(s)/shift(s) off requested _____

Name of deceased _____

Relationship to deceased _____

Date of death _____ Date of funeral _____

Where is funeral to be held? _____
City State

Is employee in charge of funeral arrangements? _____

Signature of employee requesting leave _____

Action on Request

I recommend _____ hour(s); or Dates: _____
_____ day(s)

Recommended by: _____
Signature of Management or Supervisor

Approved by: _____
Signature of Department Head or Designated Representative