

**CITY OF OMAHA  
FUNERAL LEAVE REQUEST  
POLICE BARGAINING UNIT**

Date \_\_\_\_\_

Employee Requesting Leave \_\_\_\_\_ # \_\_\_\_\_  
*Last, First M.I.* *Serial No.*

Unit \_\_\_\_\_ Shift \_\_\_\_\_

**TIME OFF REQUESTED**

**Reference – Article XIII – Contract Agreement (Police Bargaining Unit)**

**Not to exceed three (3) consecutive calendar days including day of funeral.**

**Not to exceed two (2) consecutive calendar days including day of funeral.**

Indicate the number of days requested in appropriate space in line with relationship.

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FATHER .....[    ] DAY(s)  
MOTHER .....[    ] DAY(s)  
SISTER .....[    ] DAY(s)  
BROTHER .....[    ] DAY(s)  
SPOUSE .....[    ] DAY(s)  
CHILD .....[    ] DAY(s)  
GRANDPARENT .....[    ] DAY(s)  
GRANDCHILD .....[    ] DAY(s)

IN-LAWS .....[    ] DAY(s)

Date(s) of day(s) off requested \_\_\_\_\_

Name of 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 [    ] day(s) of funeral leave on this request.

Date(s) \_\_\_\_\_

Recommended By: \_\_\_\_\_  
*Signature of Captain*

Recommended By: \_\_\_\_\_  
*Signature of Deputy Chief*

Approved By: \_\_\_\_\_  
*Signature of Department Head or Designated Representative*