Funeral Leave Request Form

Employee Name: _____ PSU ID# _____

Date(s) Requested:_____

I request Funeral Leave for _____hours of funeral leave in connection with the death of my

_____

(specify relationship of close relative).

The funeral will be/was held on _____ in _____
(date) (city & state)

I am requesting more than one day because of the following unusual circumstances:

_____ _____
Employee Signature Date

Supervisor: I approve _____hours Funeral Leave for the above named employee. The request is the death of a "close relative" (spouse, parent, grandparent, sister, brother, child, including in-laws and relatives living in the same household with the employee) and the leave requested is appropriate for these circumstances.

_____ _____
Supervisor's Signature Date