

KAPE Service & Maintenance Employees ONLY
Funeral Leave Request Form
(See KAPE MOA, Article 10, Section 4)

Employee Name: _____ Date(s) Requested: _____

1. I request funeral leave for _____ working days (up to 3 days) in connection with the death of my _____ (specify relationship of "close relative"* or "other relative living in the household"*). The funeral will be/was held on _____ in _____ (city & state).

<p>* <i>Close relative -- spouse, parent, grandparent, sister, brother, child or grandchild, including in-laws and step relative.</i></p> <p>* <i>Other relative living in the household -- individual related to the employee by blood, marriage or adoption living in the employee's household on a permanent basis and minors residing in the employee's residence as a result of court proceedings.</i></p>

2. I am requesting _____ additional working days (up to 3 days) for the death of my close relative* because of the following circumstances (*additional days off may be granted on a showing that travel out of the surrounding area was necessary to attend the funeral of the close relative, or on a showing that an earlier return would work a hardship on the employee*):
3. Employee may request annual leave to provide additional days off for the death of a "close relative"* or "other relative living in the household."* To request annual leave, complete an Annual Leave Request card and give to your supervisor.

Employee Signature

Date

I approve _____ days funeral leave for the above named employee. The request is for the death of a "close relative"* or "other relative living in the household"* and the leave requested is appropriate for these circumstances.

Physical Plant Director's Signature

Date