

**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

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(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