

**Please see AFSCME Collective Bargaining Agreement Article 26:**

*The amount of time off work with pay shall be **only** that which is **required** to attend the funeral service **and/or** make necessary funeral or service arrangements, **and** (prior to or subsequent to the funeral or service) financial, custodial, or other necessary arrangements for surviving family member, **but** in no event shall exceed three work days.*

*If additional time off is needed, the employee may request the use of accrued PTO time.  
In the event that an employee is on PTO, the provisions of Article 26 nevertheless shall apply.*

**Date of Request:** \_\_\_\_\_

**Employee's Name:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Employee UMID#:** \_\_\_\_\_

**Deceased Relative's Name:** \_\_\_\_\_

**Relationship to Employee:** \_\_\_\_\_

**Date of funeral/service:** \_\_\_\_\_

**Amount of time requested off to attend funeral/service, make necessary funeral/service arrangements, or make financial, custodial, or other necessary arrangements for surviving family member.**

**Date requested off:** \_\_\_\_\_

**Total amount of time off work with pay:** \_\_\_\_\_ (maximum 8 hours per day, not to exceed 3 days)

**Date, reason and amount of additional PTO, if applicable:** \_\_\_\_\_

*Please attach supporting documentation (e.g. Obituary, Memorial Program, Notice from Funeral Home, News Article, etc.)* \_\_\_\_\_

**Employee's Signature:** I certify that the above statements are true and correct. \_\_\_\_\_

**Supervisor's Signature:** \_\_\_\_\_ Approved \_\_\_\_\_ Denied

\_\_\_\_\_ Date