



CBP-155 (r. 05/2022)

CITY OF MILWAUKEE

APPLICATION FOR FUNERAL LEAVE

The Funeral Leave Ordinance permits up to five off-days for the death and funeral of a member of an employee's immediate family, including a grandparent. Leave must be used within the ten (10) consecutive calendar-day period that begins on the day of the death or the day of the funeral. The work days may be used for both the death and the funeral. (Terms and conditions for funeral leave may be superseded by provisions in particular labor contracts.) Complete this form, have the departmental certification signed (below) or attach the obituary notice or a statement signed by the mortician in charge of the funeral and submit to your supervisor immediately to obtain approval of the funeral leave. (FALSE STATEMENTS WILL BE DEEMED CAUSE FOR SUSPENSION OR DISCHARGE)

APPLICANT	NAME	EMPLOYEE ID #	TITLE
STREET ADDRESS		DEPT. OR BUREAU	
ABSENT FROM:	MONTH DAY, 20	THRU MONTH DAY, 20	TOTAL WORK DAYS ABSENT OR HOURS

NAME OF DECEASED	RELATIONSHIP TO APPLICANT: (CHECK ONE)
DEATH	HUSBAND OR WIFE <input type="checkbox"/> PARENT <input type="checkbox"/> GRANDPARENT <input type="checkbox"/>
MONTH DAY YEAR CITY STATE	CHILD <input type="checkbox"/> PARENT-IN-LAW <input type="checkbox"/> GRANDCHILD <input type="checkbox"/>
FUNERAL	BROTHER OR SISTER <input type="checkbox"/> OTHER (EXPLAIN) <input type="checkbox"/>
MONTH DAY YEAR CITY STATE	
BURIAL	DEPARTMENTAL CERTIFICATION
MONTH DAY YEAR CITY STATE	A department management person who has personal knowledge of employee's attendance at funeral/burial may sign here in lieu of obituary notice or mortician's statement:
DID YOU TRAVEL TO PLACE(S) SHOWN ABOVE? YES <input type="checkbox"/> NO <input type="checkbox"/>	NAME: _____
	TITLE: _____
	DATE: _____

The above statements are true and correct.	DEPARTMENTAL APPROVAL
	I have reviewed this Funeral Leave Application for completeness and accuracy and approve payment.
SIGNATURE OF APPLICANT	SIGNATURE OF DEPARTMENT HEAD
DATE	DATE

