



CBP-155 (r. 10/05)

CITY OF MILWAUKEE

APPLICATION FOR FUNERAL LEAVE

The Funeral Leave Ordinance permits up to three off-days for the death and funeral of a member of an employee's immediate family, beginning with the day of the death or the day after the funeral. (Terms and conditions for funeral leave may be superseded by provisions in particular labor contracts.) One off-day is permitted to attend the funeral of an employee's grandparent. 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: _____, 20____ THRU _____, 20____ TOTAL WORK DAYS ABSENT _____ OR _____ HOURS
 MONTH DAY MONTH DAY

NAME OF DECEASED _____	RELATIONSHIP TO APPLICANT: (CHECK ONE)
DEATH MONTH DAY YEAR CITY STATE	HUSBAND OR WIFE <input type="checkbox"/> PARENT <input type="checkbox"/> GRANDPARENT <input type="checkbox"/>
FUNERAL MONTH DAY YEAR CITY STATE	CHILD <input type="checkbox"/> PARENT-IN-LAW <input type="checkbox"/> GRANDCHILD <input type="checkbox"/>
BURIAL MONTH DAY YEAR CITY STATE	BROTHER OR SISTER <input type="checkbox"/> OTHER (EXPLAIN) <input type="checkbox"/>
DID YOU TRAVEL TO PLACE(S) SHOWN ABOVE? YES <input type="checkbox"/> NO <input type="checkbox"/>	<p>DEPARTMENTAL CERTIFICATION</p> <p>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:</p> <p>NAME: _____</p> <p>TITLE: _____</p> <p>DATE: _____</p>

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