



Utah County Government Request for Funeral Leave

Please attach completed form to your time sheet. The official Utah County Government Funeral Leave policy can be found in Personnel Rules & Regulations Section IX(A)(7)(f).

Name: _____

SS Number or Employee ID #: _____

Department: _____

Name of Deceased: _____

Relationship to Employee:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Husband | <input type="checkbox"/> Wife | <input type="checkbox"/> Daughter | <input type="checkbox"/> Son |
| <input type="checkbox"/> Brother | <input type="checkbox"/> Sister | <input type="checkbox"/> Father | <input type="checkbox"/> Mother |
| <input type="checkbox"/> Aunt | <input type="checkbox"/> Uncle | <input type="checkbox"/> First Cousin | <input type="checkbox"/> Nephew |
| <input type="checkbox"/> Niece | <input type="checkbox"/> Grandparent | <input type="checkbox"/> Grandchild | <input type="checkbox"/> Father-in-law |
| <input type="checkbox"/> Mother-in-law | <input type="checkbox"/> Sister-in-law | <input type="checkbox"/> Brother-in-law | <input type="checkbox"/> Daughter-in-law |
| <input type="checkbox"/> Son-in-law | <input type="checkbox"/> Step Brother | <input type="checkbox"/> Step Sister | <input type="checkbox"/> Step Father |
| <input type="checkbox"/> Step Mother | <input type="checkbox"/> Step Daughter | <input type="checkbox"/> Step Son | |

Date of Funeral: _____

Location (City and State) of Funeral: _____

Scheduled Work Week:

	Date	Hours Scheduled to work	Funeral Leave Hours Requested
Saturday	____/____/____	_____	_____
Sunday	____/____/____	_____	_____
Monday	____/____/____	_____	_____
Tuesday	____/____/____	_____	_____
Wednesday	____/____/____	_____	_____
Thursday	____/____/____	_____	_____
Friday	____/____/____	_____	_____

I certify that the information entered above is true and complete.

Employee Signature: _____ Date: _____

Department Head Signature: _____ Date: _____

Personnel Department Signature: _____ Date: _____