



Illinois Conference

FUNERAL LEAVE REQUEST

NAME _____ Date of Request _____

BASIS OF REQUEST:

Family Member (Relationship): _____

Departure date: _____ Return Date: _____ Total days including travel: _____

Destination: _____

Phone # where you can be reached in Case of Emergency _____

FUNERAL LEAVE POLICY

Immediate family (Spouse, child, daughter/son-in-law, parent)	Up to 7 days
Close family (Mother/father-in-law, legal guardian, brother/sister, step-parent/step-children)	Up to 5 days
Additional family (Grandparent, grandchildren, brother/sister-in law)	Up to 3 days

FOR ADMINISTRATIVE USE

Date of ADCOM	__/__/__	_____ Approved	_____ Not Approved
Comments	_____		

		_____	Administrative Officer
Returned to the Employee on	__/__/__		