

CAMDEN CITY SCHOOLS

CERTIFICATION FOR BEREAVEMENT LEAVE

I, _____, hereby certify that I used 5 4 3 2 1 days
(print name) (Circle one)

bereavement leave on _____ for the death of
(specify month/day/year)

my _____
specify relationship to you; e.g. father, mother, if co-worker or student; identify

whose full name is _____. My _____
(specify relative)

died on _____ . His/her home address was
(month/day/year)

_____ full address: street/town-city/state

I hereby certify, to the best of my knowledge, that the foregoing statements made by me are true and I understand that if they are willfully false, I am subject to discipline.

Employee Signature

Date

THIS FORM SHOULD BE ATTACHED TO THE REQUEST FOR ABSENCE/LEAVE FORM (YELLOW)