

CAMDEN COUNTY EDUCATIONAL SERVICES COMMISSION

SUPPORT STAFF REQUEST FOR BEREAVEMENT LEAVE

Name: _____

Date of Application: _____

Position: _____

Assignment (on day(s) of leave): _____

I request Bereavement Leave to be taken on the following day(s):

Please indicate: _____ Full day _____ AM _____ PM

I certify that this request is for one of the following reasons in accordance with Policy #4436, Personal Leave, (please indicate one):

_____ Death in the immediate family (spouse, child, parent, grandparent, grandchild, brother, sister and corresponding in-laws) or other relative residing in the support staff's household.

_____ Death in the support staff's family (uncle, aunt, nephew, niece, first cousin).

Employee Signature: _____

Administrator **Approved** **Denied** **Date**

Approved **Approved** **Denied**
With Pay **Without Pay**

Superintendent **Date**