

CAMDEN COUNTY EDUCATIONAL SERVICES COMMISSION

TEACHER 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):

If the application is for a half day please indicate: ____AM ____PM

Relationship to Deceased: _____

Employee Signature: _____

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

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

Superintendent **Date**