



**FINANCIAL AFFAIRS - PAYROLL
DEPARTMENT OF EDUCATION**

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**Bereavement Leave
Affidavit**

I, _____ Employee ID Number: **690- 0**
Name of Employee

School/Division: _____ Location Code: _____

Being duly sworn, deposes and says:

That he/she is an employee of the Department of Education and is taking/has taken Bereavement Leave
on _____ . That he/she is the
Date(s) of Bereavement Leave

_____ of _____ who
Relationship to the Deceased Name of the Deceased

passed away on _____ .
Date of Death

(Note: A copy of an obituary or death certificate of the deceased must be attached with this affidavit)

Dated this _____ Day of _____, 20_____.

Signature of Employee

Subscribed and sworn to before me this _____ Day of _____, 20_____.

Notary Public

Commission Expires: _____