

CAMBRIA COUNTY
BEREAVEMENT DAY (S) REQUEST

Employee's Name _____ Department _____

Relationship to Employee _____ Date (s) to be excused from work _____

Date of Funeral _____ Time of Funeral _____

Place of Funeral _____

Please attach death notice from the newspaper and a sympathy card from the funeral home. Please sign and date. Please give to your Department Director/Supervisor to sign and date. Return form to the Human Resources Department.

Employee's Signature Date

Director's Signature Date

Acknowledgement of Employee: "I verify by signing this statement that the above statements are true and correct to the best of my knowledge. I understand fully that if supply fraudulent information, I may be subject to disciplinary measures".