

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 obituary from the newspaper or information from the funeral home. If your name is not listed in the obituary please provide specific details as how you are related in the space provided below. Please give to your Department Director/Supervisor to sign and date BEFORE returning 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".

Relationship to Employee: Example: Mother's sister
