

PORT JEFFERSON SCHOOL DISTRICT
SCRAGGY HILL ROAD
PORT JEFFERSON, NY 11777

Date _____

TO:

RE: REQUEST TO BE EXCUSED FROM DUTIES FOR BEREAVEMENT

I hereby request to be excused from my duties on _____ for _____
Bereavement days.

Relationship: _____

Bargaining Unit: _____

Signed _____

Print Name

APPROVED _____
Building Administrator

Superintendent of Schools