



**FINANCIAL AFFAIRS - PAYROLL  
DEPARTMENT OF EDUCATION**

501 Mariner Avenue  
Barrigada, Guam 96913-1608  
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**Judith T. Won Pat, Ed.D.**  
Acting Superintendent of Education

**Bereavement Leave  
Affidavit**

I, \_\_\_\_\_ Employee ID Number: \_\_\_\_\_  
Name of Employee

School/Division: \_\_\_\_\_ Location Code: \_\_\_\_\_

Being duly sworn, deposes and says:

That he/she is an employee of the Guam 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**

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

\_\_\_\_\_  
**Notary Public**

Commission Expires: \_\_\_\_\_