



# FINANCIAL AFFAIRS - PAYROLL DEPARTMENT OF EDUCATION

501 Mariner Avenue  
Barrigada, Guam 96913-1608  
Telephone: (671) 475-0430  
Fax: (671) 472-5009



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

\_\_\_\_\_  
**Relationship to the Deceased** \_\_\_\_\_ of \_\_\_\_\_ who  
**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 \_\_\_\_.

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**Signature of Employee**

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

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**Notary Public**

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