

COFFEE COUNTY SCHOOLS
Report of Bereavement Leave

This is to certify that I, _____, was absent from duties on the following dates:

<u>DAY</u>	<u>DATE</u>	<u>NAME OF SUBSTITUTE</u>
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____

Signed: _____
Principal/Supervisor

Date: _____

Location: _____

NOTE: Employees shall be eligible for three (3) working days of bereavement leave per year. They will not accumulate or carry over from one school year to another.