



# BEREAVEMENT LEAVE AFFIDAVIT

I, \_\_\_\_\_, hereby certify and affirm that I am competent to give the following declaration based on my personal knowledge that the below facts and/or statements are true and correct to the best of my knowledge regarding the use of bereavement leave beyond the 20 days per procedure.

**Explanation why bereavement leave is needed beyond 20 days:**

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\_\_\_\_\_  
Signature (Must be signed in the presence of a Notary)

\_\_\_\_\_  
Date

**Notary:**

State of Florida, Leon County. Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, by \_\_\_\_\_.  
Personally known \_\_\_\_\_ or produced \_\_\_\_\_ identification.

\_\_\_\_\_  
Authorized Signature of Notary Public – State of Florida