



**SOUTH
BERGEN
JOINTURE
COMMISSION**

Board of Education
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DEATH IN THE FAMILY FORM

CONFIDENTIAL

NAME _____

SBJC CAMPUS _____

DATE(S) OF ABSENCE: _____

NAME AND RELATIONSHIP OF DECEASED _____

EMPLOYEE ACKNOWLEDGES THAT HE/SHE WAS ABSENT ON THE ABOVE DATES.

EMPLOYEE SIGNATURE

**(UPON RECEIPT, PLEASE COMPLETE AND RETURN
THIS FORM TO THE BUILDING PRINCIPAL OR
OUTREACH SUPERVISOR.)**

OFFICE USE ONLY

COMMENTS: _____

**SIGNATURE OF BUILDING ADMINISTRATOR
OR SUPERVISOR**

APPROVED _____

NOT APPROVED _____