



IRVINGTON PUBLIC SCHOOLS

OFFICE OF THE SUPERINTENDENT

Dr. April Vauss
Superintendent

One University Place
Irvington, New Jersey 07111
(973) 399-6800 x 2110
(973) 372-3724 Fax

BEREAVEMENT DAY(S) REQUEST FORM

I affirm that _____ is my _____.
Name of deceased loved one Relation

I have requested a bereavement day (s) as a result of this loss.

Dates Requested

Print Name

Signature

Date

Attach documentation