

## **COMPASSIONATE LEAVE FORM**

Full Name: .....

Office/Department: .....

Relative Concerned: .....

Compassionate leave is given following the death of one of the following relatives to employees who have completed their probation: spouse, partner, civil partner, child, stepchild, grandchild, parent or legal guardian, grandparent, sibling, auntie or uncle.

### **TIME OFF**

**Up to 2 days Compassionate Leave may be taken if it is your responsibility to organise the funeral and the final affairs of the above relative.**

Date of 1<sup>st</sup> Day taken: .....

Date of 2<sup>nd</sup> Day taken: .....

### **ATTENDING A FUNERAL**

**One day's Compassionate Leave will be given to attend the funeral of one of the above relatives. (Up to 2 hours paid leave will be given to attend the funeral of another relative or close friend. If more than 2 hours is taken without authorisation all of the compassionate leave will be cancelled and unpaid).**

Date of Funeral: ..... 1 day taken/2hrs taken (delete as applicable)

Supervisors/Managers Approval: ..... Date: .....

Date processed by HR: .....

## **COMPASSIONATE LEAVE FORM**

Full Name: .....

Office/Department: .....

Relative Concerned: .....

Compassionate leave is given following the death of one of the following relatives to employees who have completed their probation: spouse, partner, civil partner, child, stepchild, grandchild, parent or legal guardian, grandparent, sibling, auntie or uncle.

### **TIME OFF**

**Up to 2 days Compassionate Leave may be taken if it is your responsibility to organise the funeral and the final affairs of the above relative.**

Date of 1<sup>st</sup> Day taken: .....

Date of 2<sup>nd</sup> Day taken: .....

### **ATTENDING A FUNERAL**

**One day's Compassionate Leave will be given to attend the funeral of one of the above relatives. (Up to 2 hours paid leave will be given to attend the funeral of another relative or close friend. If more than 2 hours is taken without authorisation all of the compassionate leave will be cancelled and unpaid).**

Date of Funeral: ..... 1 day taken/2hrs taken (delete as applicable)

Supervisors/Managers Approval: ..... Date: .....

Date processed by HR: .....