

Notification of Intention to Take Parental Bereavement Leave

You can use this form to inform us of leave (and statutory parental bereavement pay (SPBP) if applicable) under the right provided in law to take time off work following the death of a child. For further information, please speak to your Manager.

Name of Employee:	
Job Title:	
Department:	
Date of death of child:	
I wish to take one week's or two weeks' parental bereavement leave:	One week / Two weeks (delete as appropriate)
I want my parental bereavement leave to start on:	

☐ ✓ Please tick in the box to confirm this declaration.

I intend to take parental bereavement leave and to receive SPBP if I qualify for it. I confirm that I meet each of the eligibility criteria as follows:

I am either:

- The birth parent of the child; or
- The adoptive parent of the child; or
- The intended parent of the child under the Human Fertilisation and Embryology Act 2008; or
- The person with, at the time of the child's death, parental responsibility for the child. I have (unpaid, save for foster care or expenses payments) parental responsibility for the child, who lived in my home, for a period of at least 4 weeks prior to their death; or
- I am the partner of any of the above.

I declare the above information to be correct.

Signed by Employee:

Date: