#### Bereavement Leave Application Form

We wish to express our sincere condolences for any bereavement suffered by you. The requirement to complete this application form is not made with the intention of being insensitive to the loss you have suffered.

The requirement to complete this application form is for the purposes of keeping accurate and up to date records with respect to bereavement leave, and to ensure both the employer, and our employee’s, compliance with the provisions of the Holidays Act 2003, which covers this type of leave.

In signing this application form you are providing us with written advice that this is a genuine application for bereavement leave under the provisions of the Holidays Act 2003 and that all information provided within this application is true. For that reason, we will not request any further documentation supporting your bereavement. Relevant sections of the Holidays Act 2003 are available from your Manager upon request.

Employee Name: Emp. #:

Site/Team:

First day of Leave: \_\_\_\_\_\_\_\_\_\_\_\_\_ First day back at work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Number of Days & Hours Requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Name of the deceased: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship of the deceased to the Employee:choose from the following:

Spouse/Parent/Child/Brother/Sister/Grandparent/Grandchild/Spouse’s parent/Other

If you have stated OTHER, please state:

1. The closeness of the relationship / association between yourself and the deceased, OR
2. Any significant responsibilities you may have for any arrangements for death related ceremonies, OR
3. Any cultural responsibilities you may have in relation to the death.

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employers Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_