

Compassionate Leave Application Form – HR 108 (d)

This form is to be used by employees to apply for Compassionate Leave. Please complete form in Block Capitals/Tick appropriate boxes

To be completed by the Employee																	
Surname:	First Name:																
Grade:	Personnel No:																
Location:	PPS No:																
I hereby notify my employer that I was required to take Compassionate Leave in accordance with the provisions of the HSE Terms and Conditions of Employment (Revised) May 2009																	
Relationship of deceased to employee:					Father <input type="checkbox"/> Mother <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/>												
					Father in law <input type="checkbox"/> Mother in law <input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/>												
Date of Death:					D	D	M	M	Y	Y	Y	Y					
Number of days leave applied for:																	
Signature:					Date					D	D	M	M	Y	Y	Y	Y
To be completed by the Line Manager																	
I have checked the relevant supporting documentation required for the leave requested and confirm that the leave required complies with the terms outlined in the relevant HR policy																	
Application Approved: Yes <input type="checkbox"/> No <input type="checkbox"/>																	
Signature:					Date:					D	D	M	M	Y	Y	Y	Y
Name:					Grade:												
Contact Phone No:					Mobile Phone No:												
e-mail address:																	
To be completed by Human Resources Personnel Administration																	
System Updated by:					Name:												
Contact Phone No:					Date:					D	D	M	M	Y	Y	Y	Y
Comments:																	
Circulation List																	
1					2												
3					4												
5					6												
7					8												

Explanatory note on Compassionate Leave

Compassionate Leave may be granted to employees as follows:

- Up to a maximum of **three working days** may be granted on the death of an immediate relative, or, in exceptional circumstances, on the death of a more distant relative (e.g., where the employee has to take charge of funeral arrangements or has lived in the same house as the deceased).
- An immediate relative means a father, mother, brother, sister, father-in-law, mother-in-law, child or spouse
- On the death of a spouse or child, the maximum number of days may be increased to five.
- Extra days may also be allowed where an immediate relative dies abroad and the employee has to go abroad to take charge of the funeral arrangements.

Where an employee has exhausted his/her annual leave allowance and is confronted with a serious or sudden illness of an immediate relative (or, in exceptional circumstances, a distant relative), special leave with pay up to a maximum of 3 days may be granted. In the case of a spouse or child, the maximum number of days may be increased to five.