



Application Request for Compassionate Leave

This form is to be completed by employees who are requesting compassionate leave for the loss of a family member. Please fill in the information below and forward the completed form to the Human Resources Department.

Name of Employee	
Position & Department	
Line Manager	

Requested Dates for Review by HR:

Day 1:	Day 2:	Day 3:
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Relationship to Deceased, the deceased is my ... i.e. Mother, Father, Sister, Son-in-Law, Grandparent, etc..

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Employee's Signature: _____ **Date:** _____

To be completed by The Human Resources Department

Date Received	
Name	

NOTE:

1. In the case of death of a spouse, parent, child, brother or sister, up to 3 days compassionate leave may be given.
2. In the case of death of a grandparent or in-laws, up to 2 days compassionate leave may be given.