

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: <table border="1" style="display: inline-table; border-collapse: collapse; width: 100%;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																						
Location:							PPS No: <table border="1" style="display: inline-table; border-collapse: collapse; width: 100%;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																						
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:				<table border="1" style="display: inline-table; border-collapse: collapse; width: 100%;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>												No of days leave applied for?				<table border="1" style="display: inline-table; border-collapse: collapse; width: 100%;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>									
Date From				<table border="1" style="display: inline-table; border-collapse: collapse; width: 100%;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>												Date to				<table border="1" style="display: inline-table; border-collapse: collapse; width: 100%;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>									
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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: <table border="1" style="display: inline-table; border-collapse: collapse; width: 100%;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																						
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: <table border="1" style="display: inline-table; border-collapse: collapse; width: 100%;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																						
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Explanatory note on Compassionate Leave

1. The provisions regarding special leave with pay which may be granted to an employee in the event of the death of a relative are up to a limit of:
 - Five working days in the case of a spouse (including a cohabiting partner), child (including adopted children and children being cared for on the basis of 'in loco parentis') or any person in a relationship of domestic dependency, including same sex partners.
 - Three working days in the case of other immediate relatives as follows: father, mother, brother, sister, father-in-law, mother-in-law.
2. In exceptional circumstances (e.g. where the employee concerned has lived in the same house as the deceased or has to take charge of funeral arrangements), an employee may be granted up to three working days special leave on the death of a more distant relative.
3. In a case where an employee has to travel abroad to make funeral arrangements in respect of a relative specified in paragraph 1, special leave with pay in excess of the limits prescribed above may be granted at the discretion of the employer.
4. Compassionate leave is granted only at the time of the bereavement to facilitate the employee with time off from work and cannot be granted retrospectively where it occurs during days when an employee is not normally scheduled to work.