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| **BEREAVEMENT LEAVE FORM**(For further information on the leave you are entitled to, please refer to our policy at <https://www.hud.ac.uk/media/policydocuments/Bereavement-Leave-And-Pay.pdf>) |
| **Employee Name:** |  |
| **School / Service:** |  |
| *If you are requesting Bereavement Leave, please complete sections 1 and 3 of this form.* *If you are requesting Statutory Parental Bereavement Leave, please complete sections 2 and 3 of this form.* |
| **Section 1 - Bereavement Leave****(Please use the boxes below to list the dates of your bereavement leave)** |
|  |  |  |  |  |  |
| **Please provide further details in the box below regarding the reasons for your leave:** |
|  |
| **Please complete the declaration in section 3** |

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| **Section 2 - Statutory Parental Bereavement Leave)** |
| **I confirm I am (please tick one box below )** |
| [ ]  | The biological parent  |
| [ ]  | The adoptive parent |
| [ ]  | A person who lived with the child and had responsibility for them, for at least 4 weeks before they died |
| [ ]  | Intended parent (due to become the legal parent through surrogacy) |
| [ ]  | Partner of the child’s parent, if they live with the child and the child’s parent in an enduring family relationship |
| **Please confirm the date of the child’s death** |  |
| **How much Parental Bereavement Leave do you intend to take?** **(Please tick one box below**  **and provide dates)** |
| [ ]  | Two weeks consecutive leave  | **Start date of SPBL** |  |
| [ ]  | Two separate blocks of one week at different times | **Start date week 1 SPBL** |  |
|  |  | **Start date week 2 SPBL** |  |
| **Statutory Parental Bereavement Pay (Please tick one box below**  **to confirm)** |
| [ ]  | I confirm that I have 26 weeks service on the Saturday before the child’s birthday and am therefore eligible to receive Statutory Parental Bereavement Pay (SPBP). |
| [ ]  | I confirm that I wish to receive SPBP for the dates detailed above. |
| **OR** |
| [ ]  | I confirm I am not eligible for Statutory Bereavement Pay and understand that only the first six days of leave are paid. |
| **Please complete the declaration in section 3** |

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| **Section 3 – Employee Declaration** |
| **Employee Signature:** |  | **Date:** |  |

Please forward the completed form to your Line Manager.

Please return the completed form to Human Resources (hr@hud.ac.uk)

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| **Section 5 – HR USE ONLY** |
| **iTrent Entered Date** |  | **Entered by (initials)** |  |
| **Saved to DLX Date** |  | **Date payroll notified****(If SPBL)** |  |

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| **Section 4 – To be completed by Line Manager** |
| **Request Approved** | Yes [ ]  | No [ ]  |
| **Line Manager Comments:** |
|  |
| **Manager Signature:** |  |
| **Manager Print Name** |  | **Date:** |  |