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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)** |  |

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