**Parental Bereavement Form**

Use this form to apply for the use of Parental Bereavement Leave.   
Please see our **Parental Bereavement Policy** for more information.

If you need any help with this form, understanding the policy or require further support at this time, please speak to Human Resources.

NAME:

DEPARTMENT/SCHOOL:

DATE OF BEREAVEMENT:

DATES OF LEAVE:

I wish to apply for paid Parental Bereavement Leave for the following period (total leave of up to 10 days granted).

Dates (2-week block): From: To :

Dates (2 x 1-week blocks): From: To :

From: To :

I confirm that I am eligible to receive paid Parental Bereavement Leave.

Signature of Applicant:

Date:

**Copy to: Human Resources**