COMPASSIONATE

LEAVE

*Please accept this form as authorisation to pay the employee named below compassionate leave on* ***full pay\**** *for the dates completed below. This has been agreed after consultation with the Director of Human Resources and the General/Hotel Manager, if applicable.*

|  |  |
| --- | --- |
| Full Name: |  |
| Department: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Reason for leave request – death of:** | | | |
| **\* Max to 5 days** | | **\* Max to 1 day** | |
| * Mother/ Step mother/   Mother in law | * Father/ Step father   Father in law | * Grandmother | * Grandfather |
| * Child\*\*\*/Step child\*\*\*   (\*\*\* 10 days) | * Partner | * Uncle | * Aunty |
| * Sibling   (brother/ sister) |  |  |  |

Full Name of the deceased:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **EXAMPLE:** | | | | | | |
| **MON** | **TUE** | **WED** | **THU** | **FRI** | **SAT** | **SUN** |
| 09/11 | 10/11 | 11/11 | 12/11 | 13/11 | 14/11 | 15/11 |
| ON | ON | ON | C | C | OFF | OFF |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **MON** | **TUE** | **WED** | **THU** | **FRI** | **SAT** | **SUN** |
| \* |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| \* |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

*\* Fill in dates requested*

|  |  |
| --- | --- |
| Abbreviations: | |
| H = Holiday Day  UL = Unpaid Leave  C = Compassionate Leave  OFF = Rest Day | BH = Bank Holiday  LD = Lieu Day  ON = Normal work day |

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_**

**Head of Department**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_**

**Executive or General /Hotel Manager**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_**

**Director of Human Resources/ HR**