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| **UNIVERSITY OF LIMERICK Form A: Application for Compassionate/Bereavement Leave** | | | |  |
| * *The University acknowledges that the workplace, along with family, friends and relatives can play an important role in helping employees come to terms with their loss. The University is committed to support our colleagues to deal with bereavement in a sensitive and caring manner in accordance with the provisions of UL’s Compassionate Leave* Procedure. * *Compassionate/Bereavement Leave requires approval by your Line Manager/Head of School/Unit and HR. Email this completed application form to* [compandbens@ul.ie](mailto:compandbens@ul.ie)*. HR will then send you final confirmation and approval of compassionate/bereavement leave by email.* * *A copy of the University Compassionate Leave Procedure is available on the UL HR website****.*** | | | |  |
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| |  |  | | --- | --- | | **To be completed by the employee applying for Compassionate/Bereavement Leave** | | | Name: | Personnel No: | | School/ Unit: | Approver: | | Relationship to deceased: (if not already listed in the procedure, please provide more details here) | | | Date of bereavement: | Number of paid compassionate leave days applied for: | | Date of first day of leave: | Date of last day of leave: | | Do you wish to apply for unpaid compassionate leave? | Yes/No | | If yes, please insert dates of unpaid compassionate leave | Date commencing\_\_\_\_\_\_\_\_ Date finishing\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | | --- | | **To be completed by approver (the Head of School/Head of Unit/Line Manager)** | | I confirm that the leave required complies with the provisions outlined in the UL Compassionate Leave Procedure: Yes No | | Application for leave approved: Yes No | | | | |  |
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| *I declare that the information given above is accurate and complete and I will adhere to the Compassionate Leave Procedure.*   |  |  |  |  | | --- | --- | --- | --- | | *Employee* |  | *Date:* |  | | *Head of School/Line Manger Approval* |  | *Date:* |  | | | | | |