

Bereavement Leave Request Form

Employee Name:			
Division/Section:			
Snowdrop Reference Number:			
Funeral of your:	Select	Funeral of your:	Select
Mother / Step Mother	<input type="checkbox"/>	Grandmother	<input type="checkbox"/>
Mother in Law	<input type="checkbox"/>	Grandfather	<input type="checkbox"/>
Father / Step Father	<input type="checkbox"/>	Grandchild	<input type="checkbox"/>
Father in Law	<input type="checkbox"/>	Aunt	<input type="checkbox"/>
Wife / Civil Partner	<input type="checkbox"/>	Uncle	<input type="checkbox"/>
Husband / Civil Partner	<input type="checkbox"/>	Cousin	<input type="checkbox"/>
Partner / Boyfriend / Girlfriend	<input type="checkbox"/>	Nephew	<input type="checkbox"/>
Brother / Step Brother	<input type="checkbox"/>	Niece	<input type="checkbox"/>
Brother in Law	<input type="checkbox"/>	Close Colleague	<input type="checkbox"/>
Sister / Step Sister	<input type="checkbox"/>	Friend	<input type="checkbox"/>
Sister in Law	<input type="checkbox"/>	Colleague	<input type="checkbox"/>
Son / Step Son (18+)	<input type="checkbox"/>	Former Colleague	<input type="checkbox"/>
Son in Law	<input type="checkbox"/>	Other, specify below	<input type="checkbox"/>
Daughter / Step Daughter (18+)	<input type="checkbox"/>		
Daughter in Law	<input type="checkbox"/>		
Date and Time of Funeral:			
Location of Funeral:			
Detail any funeral arrangements you are undertaking:			
Leave Start Date/Time:		No of Working Days and/or Hours:	
Leave End Date/Time:		Paid:	<input type="checkbox"/>
		Unpaid:	<input type="checkbox"/>
Employee Signature:			
Date of Request:			
Authorisation			
Leave Start Date/Time:		No of Working Days and/or Hours:	
Leave End Date/Time:		Paid:	<input type="checkbox"/>
		Unpaid:	<input type="checkbox"/>
Supervisor/Manager Name & Signature:			
Authorised Signatory:	Please refer to the Authorised Signatory List – HR and Payroll Expenditure		
Designation:			
Authorised Date:			
Processed By/Date:		Checked By/Date:	