COMPASSIONATE LEAVE APPLICATION FORM (HR-GEN-010-F)

Name of Employee:_____ **Employee No.:** _____

NOTIFICATION OF REQUEST TO TAKE COMPASSIONATE LEAVE

Relationship of Deceased to Employee: _____

I hereby apply to take Compassionate Leave on the following dates:

Proposed Date of Commencement of Compassionate Leave:

Day: _____   Month: _____   Year: _____

Proposed Duration of Compassionate Leave: _____ Days

Proposed Date of Return to Work:

Day: _____   Month: _____   Year: _____

DECLARATION

I declare that the information given above is true and complete.

Signed: _____   **Date:** _____
       Employee

Recommended/Not Recommended:_____   **Date:**_____
 (delete as appropriate)   **Line Manager**

Approved: _____   **Date:** _____
       Head of Department