

**Bereavement Leave Form**

**Name:** Click here to enter text. **Date Submitted to the Office:** Click here to enter a date.

**Area:** *(Check Box)* **Whangarei  Kerikeri  Kaitaia**

**I confirm I have read and understood the leave declaration**

**Signature**

*(type/print name or insert e-signature):* Click here to enter text.

**Leave dates requested**

**Off Work from:** Click here to enter a date. **Return to work on:** Click here to enter a date.

**Leave type requested** *(please tick relevant box and complete information)***:**

**Three days maximum** *per death if a spouse or partner, parent, child, sibling, grandparent, grandchild, or spouse or partner’s parent dies.*

**Name of Deceased:** Click here to enter text. **Your relationship to the deceased:** Choose an item.

**Date of Death:** Click here to enter a date. **Days Claimed:** Click here to enter text.**Hours Claimed:** Click here to enter text.

**One day maximum** *on the death of another person if Home Support North accepts*

*that you have had a bereavement***.**

**Name of Deceased:** Click here to enter text. **Your relationship to the deceased:** Click here to enter text.

**Date of Death:** Click here to enter a date. **Days Claimed:** Click here to enter text. **Hours Claimed:** Click here to enter text.

**Comments:** Click here to enter text.

**You must complete a weekly schedule to receive payment**

Bereavement Leave Declaration

*please read and sign below*

Please refer to your Support Worker Handbook for entitlements or check with Payroll if you are unsure.

Please refer to your Support Worker Handbook for entitlements or check with

Payroll if you are unsure.

* I informed the Office immediately of the bereavement leave (or as soon as

practically possible) and noted on my timesheets (non Remote Workers)

reason for absence.

* I understand that bereavement leave will be paid in the pay period it falls due

(as if I was working).

* All bereavement leave taken in the first six months of employment is

unpaid. (You may use any Alternative days if you have any owing)

* I will not make changes to my scheduled visits without first consulting

the office. I may be contacted to discuss any variations or permanent

changes.

* I am aware an incomplete form could result in delay or non-payment or leave

being declined and have completed the relevant information and signed below

for any absence from work (including unpaid).

I have read and understand the above:

|  |  |  |  |
| --- | --- | --- | --- |
| Support Worker Signature:  *(Type name to agree to declaration)* | Click here to enter text. | Date: | Click here to enter a date. |

## Office Use: SW Start Date: Click here to enter a date. Date Received: Click here to enter a date. Office: Click here to enter text. Received By: Click here to enter text.