

**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.

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* 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.