

**Bereavement Leave Application Form**

**To be completed by the Employee and approved by the Head of School/Head of Area/Line Manager**

All applications for leave are subject to the approval of the Head of School/Head of Area/Line Manager. This Bereavement Leave form should be completed by the employee within 2 weeks of returning to work.

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| **Name:** | **Staff ID No:** |
| **School/Service Area:** | **Faculty/Division:** |
| **No of Days requested with pay:** | **Date of Application:** |
| **From: (1st Day):** | **To: (last day):** |
| **Name of immediate relative:** |  |
| **Relationship to employee:** |  |
| **Employee Signature:** |  |
| **Signature- Head of School/Head of Area/Line Manager:** | **Date:** |

Please ensure the details above are recorded on local leave systems/eLeave system and return the form to [hr@tcd.ie](mailto:hr@tcd.ie)