

BEREAVEMENT LEAVE SCHEME FOR ALL ETB STAFF

Effective: 12th December 2022

| Relativ | ive of Employee | | Bereavement Leave Entitlement |
|---|--|---|--|
| Imme | diate Family: | | Maximum of 20 working days |
| • Spc | ouse (including a co | ohabiting partner) | |
| • Chi | ild (including adop | ted child, step-child and child being | |
| car | red for on the basis | s of 'in loco parentis') | |
| • Any | y person in a relati | ionship of domestic dependency | |
| (me | eaning the decease | ed person shared accommodation v | with |
| the | e employee and als | so relied on them for their care) | |
| Immediate Relative: | | | Maximum of 5 working days. |
| • Fat | ther | • Sister | |
| • Mo | other | Step-sister | Where an employee has to travel |
| • Ste | ep-father | Half-sister | abroad to make funeral arrangements |
| • Ste | ep-mother | Sister-in-law | in respect of an immediate relative, |
| • Bro | other | Father-in-law | Bereavement Leave in excess of 5 |
| • Ste | ep-brother | Mother-in-law | working days may be granted at the |
| • Hal | lf-brother | Son-in-law | discretion of their employer. |
| • Gra | andfather | Daughter-in-law | |
| | | | |
| • Gra | andmother | Brother-in-law | |
| • Gra | andchild Entitlement for a c | co-habiting partner (the SNA) is trea | |
| Grand Note: same a in-law, | andchild Entitlement for a c as for a spouse i.e. ,, sister-in-law, brot | co-habiting partner (the SNA) is trea . entitlement for motherin-law, fath ther-in-law. | er- |
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APPLICATION FORM FOR BEREAVEMENT LEAVE

Bereavement Leave should be notified to Manager/Principal immediately and applied for as soon as is reasonably practicable after the bereavement.

Employee must fully complete and submit the Application Form to the HR Department.

| EMPLOYEE NAME | | | | | |
|--|--|--|--|--|--|
| EMAIL ADDRESS | | | | | |
| CENTRE/SCHOOL | | | | | |
| | | | | | |
| NAME OF DECEASED | | | | | |
| RELATIONSHIP TO EMPLOYEE | | | | | |
| DATE OF DEATH | | | | | |
| BEREAVEMENT LEAVE COMMENCEMENT DATE | | | | | |
| BEREAVEMENT LEAVE END DATE | | | | | |
| NUMBER OF WORKING DAYS | | | | | |
| Declaration | | | | | |
| I wish to apply for Bereavement Leave in accorda | nce with the Bereavement Leave Scheme. | | | | |
| I confirm that the information provided in the application is true and accurate. | | | | | |
| Signature of Employee | Date: | | | | |



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| Data | Protection Privacy State | ement |
|--|-----------------------------|----------------------------------|
| https://www.ddletb.ie/wp-content Board-Members-Committee-memb | | racy-Notice-Employees-Volunteers |
| | | |
| PART 2 – DECISION I certify that I have approved/ref | ` | , |
| accordance with the Bereavement been forwarded to HR Department | | ollowing documents have |
| Application for Bereaver | ment Leave | |
| 2) Proof of bereavement (e | e.g. publication on rip.ie) | |
| 3) Approved Bereavement | Leave has been recorded | on ETB system |
| Signature: (Principal/Manager) | Date: | |
| | | |
| | | |