

Application for Compassionate Leave

Date: _____

Applicant Name: _____

Payroll No: _____

Period Absent From: / / Time: _____

To: / / Time: _____

Total hours Compassionate Leave claimed: _____ hours.

Immediate Family Relationship: _____ (Select from table 2)

Date of funeral or illness: _____

Signature: _____ (Employee)

_____ (Date) _____ (Location/Dept)

Table1. Entitlement to Compassionate Leave:

Employee Category	In Australia		Outside Australia
	Hours Entitlement	Hours Unpaid	Hours Entitlement
Long Term Casual	N/A	24	N/A
Fulltime, Seasonal, Fixed Term, Part-time	24	N/A	32

Note: the above entitlement to compassionate leave is per event.

Table2. The following are members of an employee's *immediate family*:

Spouse	Husband or wife of the employee (includes former, de facto spouse and former de facto spouse, spouse of the same sex).
Child	Includes adopted, foster, ex foster, stepchild, or ex nuptial
Parent	Of the employee or the employee's spouse
Grandparent	Of the employee or the employee's spouse
Grandchild	Of the employee or the employee's spouse
Sibling (brother/sister)	Of the employee or the employee's spouse

Application for Compassionate Leave

Current Enterprise Agreement – Clause 7.11

<p>Who is able to claim compassionate leave?</p> <p><i>Response:</i> Full-time, seasonal, fixed term and part-time employees.</p>
<p>When is compassionate leave payable?</p> <p><i>Response:</i> When a member of the employee's <i>immediate family</i> or household:</p> <ul style="list-style-type: none">(a) Contracts or develops a personal illness that poses a serious threat to his or her life; or(b) Sustains a personal injury that poses a serious threat to his or her life; or(c) Dies
<p>What period does compassionate leave payment cover?</p> <p><i>Response:</i> Payment covers compassionate leave taken up to and including the day of the funeral or recovery (such that the injury or illness no longer poses a serious threat to life) of such person.</p>

Supervisor:

- (a) I am satisfied the employee has provided sufficient evidence to support their claim; or Yes/No
- (b) I am aware of such death, illness or injury which allows me to authorise this claim. Yes/No
- (c) Comment has been added in Kronos identifying the relationship to the employee. Yes/No

Supervisor's signature: _____