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| --- | --- | --- | --- | --- | --- | --- |
| **Compassionate Leave Form**  **Name:** | | | | | | |
| **Faculty/Service:** | | | | | | |
| **Date(s) leave taken:** | | **From:** | | | **To:** | |
|  | | | | | | |
| **Reason for Leave:** | | | | | | |
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| **Employee Signature:** | | | | | | |
|  | | | | | | |
| **PAID LEAVE** | | | **UNPAID LEAVE** | | | |
| Number of days |  | | Number of days | | |  |
| **Leave Approved by Dean of Faculty/ Head of Service**  **Name:** | | | | | | |
| **Signature:** | | | | | | |
| **Date:** | | | | | | |
|  | | | | | | |
| **Received by HR on: \_\_\_/\_\_\_/\_\_\_** | | | | **Payroll informed on: \_\_\_/\_\_\_/\_\_\_** | | |