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# **Declaration of Entitlement to Parental Bereavement Leave & Pay**

**Employee Name:**

**Employee Number:**

**Date of child’s death:**

**Dates of parental bereavement leave to be claimed:**

**I meet one of the conditions of entitlement to claim parental bereavement leave and pay as detailed below.**

Conditions of entitlement:

* I am the parent of the child
* I am the partner of the child’s parent and have lived in an enduring family relationship with the child and their parent
* I was, for a continuous period of at least four weeks before the child passed away, living with the child and had ‘day-to-day responsibility’ for the child, but I was not paid to care for the child (excluding foster carers)
* I am the child’s adoptive parent
* I am the intended parent of the child

**Employee signature:**

**Date:**

Please sign and return this form to your manager as soon as you are able.