Appendix 1

**Application for Parental Bereavement Leave and Pay**

(**Note to the user:** Please read the accompanying guidance before completing this application. To prepare you in advance, we wish to make you aware that this form includes asking sensitive questions about your recent bereavement.  We regret having to do this at such a difficult time, but we hope you understand that gathering this necessary information will ensure that we can best support you through the statutory process for administering Parental Bereavement Leave and Pay).

**Information required**

I wish my Parental Bereavement Leave (PBL) and pay to begin on \_\_\_\_\_\_\_\_\_

I wish to apply for PBL and pay for a period of (tick one box): - 1 week o

2 weeks o

(Please note that the leave may be taken as one whole week, two consecutive weeks or two separate weeks at different times. A separate form should be completed for the second week, if taken as two separate weeks).

The date of death of my child, or date my baby was stillborn, whichever applies, was \_\_\_\_\_\_\_\_.

Please indicate by ticking one option below whether you are applying for PBL and pay as the:

Child’s parent o

Adoptive parent o

Prospective adopter o

Intended parent under a surrogacy arrangement o

Parent ‘in fact’ (see guidance for definition) o

Partner of any of the above o

Other relationship to the child (please state) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employee details**

Employee name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pay number: \_\_\_\_\_\_\_\_\_\_\_\_

Cluster/Function: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name line manager: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Declaration and signature**

I declare that I am applying for Parental Bereavement Leave and Pay in accordance with the accompanying guidance.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Once completed, this form should be submitted to your line manager.

**FOR HR SERVICE CENTRE USE**

Eligibility for Parental Bereavement Leave and Pay verified by HRSC

Initials \_\_\_\_\_ Date \_\_\_\_\_\_\_

Council start date\*\_\_\_\_\_\_\_\_\_\_\_

Public Authority Start Date\* \_\_\_\_\_\_\_\_\_\_

\*Continuous service means continuous service with Aberdeen City Council or a public authority as listed in Redundancy Payments (Continuity of Employment in Local Government, etc.) (Modification) Orders, which cover local authorities and related bodies.

Tick box that applies (for Payroll purposes)

1. Employee qualifies for normal contractual pay, which includes SPBP. o

See section 8 of guidance for details of qualifying criteria for SPBP.

1. Employee does not qualify for SPBP and hence is paid normal contractual pay i.e. does not meet the qualifying criteria as detailed in section 8 of the guidance. o
2. Employee qualifies only for SPBP i.e. their weekly pay is less than the SPBP rate, but they meet the qualification criteria for SPBP as detailed in section 8 of this guidance. o

Letter sent to employee by HRSC

Initials \_\_\_\_\_ Date \_\_\_\_\_