

# Compassionate Leave Request

Employee Name:

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Employee ID/Number:

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Department:

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Manager/Supervisor:

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Date of Request:

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Reason for Compassionate Leave:

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Relationship to Person Concerned:

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Requested Leave Dates (From-To):

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Total Number of Days Requested:

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Additional Information (optional):

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*Employee Signature*

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*Date*

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*Manager/Supervisor Approval*

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*Date*