*[Insert name]*

*[Insert address]*

*[Insert date]*

Dear *[insert name]*,

Thank you for informing me about your intention to take statutory parental bereavement leave. I would once again like to express my sincere condolences to you and your family at this difficult time.

Further to our previous correspondence, I can confirm below the arrangements for this period of statutory parental bereavement leave.

Our parental bereavement leave policy provides two weeks of leave within a period of 56 weeks following [*delete as appropriate - the loss of a child under the age of 18/a* *stillbirth*].

You will be on parental bereavement leave from *[insert date]* to *[insert date]*. This is a total of *[insert number]* weeks. Your first day back at work after this period of parental bereavement leave will be *[insert date]*. Your normal terms and conditions will continue to apply during this period with the exception of pay.

[*Select from the paragraphs below and delete as appropriate*]

[EITHER]

You have opted to take a single period of leave lasting two weeks. After this period of leave, you will have exhausted your entitlement to parental bereavement leave.

[OR]

You have opted to take a period of one week’s leave. Once you have completed this period of leave, you will have one further week remaining to take within 56 weeks of the death. If you decide to take the remaining week within the first 56 days of the death, you need only notify us by your normal start time on the day on which you wish leave to start. If you decide to take your second week at a later stage, please provide us with at least a week’s notice.

[OR]

You have opted to take a period of one week’s leave. You have previously taken one week’s parental bereavement leave from [*insert date*] to [*insert date*]. Once you have completed this second period of leave, you will have exhausted your entitlement to parental bereavement leave.

[*Select from the paragraphs below and delete as appropriate*]

[EITHER]

You will receive statutory parental bereavement pay during this period of leave, paid at the rate of [*delete as appropriate – £[insert current statutory rate] per week/[insert amount which is 90% of normal weekly earnings] per week*]*.*

*[OR]*

You will receive [*insert details of contractual payment scheme*] during this period of leave.

*[Optional]* I would like to offer you any support that you need at this time. Please remember that, as an employee of *[insert Company name]* you have access to a confidential counselling service in case you would like to speak to a trained counsellor about what has happened. This service is strictly confidential and no details will be passed to the Company of the content of any call you make. You can access this service at any time on *[insert phone number]*.

Once again, I am very sorry for your loss. Please do not hesitate to contact me if there is any further support I can offer you.

Yours sincerely,

*[Insert name]*

*[Insert job title]*