**Request for Leave of Absence Form**

A completed copy of this record needs to be returned to the member of staff making the request and a copy needs to be kept on the members of staff’s personnel file.

|  |  |
| --- | --- |
| **Name**  |   |
| **Place of work**  |   |
| **First date of absence**  |   | **Last date of absence**  |   | **Total No. of working days**  |   |
| *If the time required is less than one day, please state the number of hrs. required and the time period you will be away from the work place.*  |
| **No. of hours** **Required**  |   | **Time away from the workplace**  | *Insert time period i.e. 09.00 – 11.00*  |
| **Please provide an explanation as to the type of leave required, with reasons, together with supporting documentation.**  |
|           |
| **Date**  |  |
| **Signed**  |  |

***Please return this form to your line manager/decision maker***

**Decision Form**

A completed copy of this record needs to be returned to the member of staff making the request and a copy needs to be kept on the members of staff’s personnel file.

|  |
| --- |
|  **Line Manager’s Recommendation**  |
| **Approve (reason)**  |    |
| **Not Approve (reason)**  |    |
| **Amount of special leave already taken this academic year**  |   |
| **Signed**  |   |
| **Date**  |   |
| **Approver’s Decision**  |
| **Approved (reason)**  |    |
| **Not Approved (reason)**  |    |
| **No. of authorised leave days paid**  |   |
| **No. of authorised leave days unpaid**  |   |
| **Date**  |   |
| **Signature of Decision Maker**  |   |

***Please return a copy of this form to the employee***