**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***