**LEAVE REQUEST FORM**

**SCHOOLS**

Please complete this form for all leave except family leave (maternity, shared parental leave, paternity or adoption leave). This form must be completed prior to taking the leave. **Please note that if the form is not fully completed and signed before the leave is taken it will be classed as unauthorised and unpaid.**

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| **SECTION 1: EMPLOYEE DETAILS**  |
| **SURNAME:** |  | **FIRST NAME:** |  |
| **PAYROLL NO:** |  | **JOB TITLE**  |  |
| **SCHOOL/DEPT:** |  |

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| **SECTION 2: DETAILS OF LEAVE** |
| **DATE FROM AND TO:** |  | **NO OF DAYS:** |  |
| **TYPE OF LEAVE:** |  |
| **PAID:** |[ ]  **UNPAID:** |[ ]
| **SECTION 3: EMPLOYEE SIGNATURE** |
| **SIGNATURE:** |  | **DATE:** |  |

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| **SECTION 4: HEADTEACHER/DIRECTOR AUTHORISATION**  |
| **I authorise the leave as above:** |[ ]  **I do not authorise the leave:** |[ ]
| **I authorise the leave with the following changes/conditions (please specify):** |[ ]
| **PLEASE CONFIRM WHETHER THE ABOVE PERIOD OF LEAVE IS PAID OR UNPAID.** |
| **PAID:** |[ ]  **UNPAID:** |[ ]
| **IF THIS PAID LEAVE IS OUTSIDE OF THE LEAVE POLICY, WILL THESE HOURS BE MADE UP?** |
| **YES:** |[ ]  **NO:** |[ ]
| **SIGNATURE:** |  | **DATE:** |  |
| **FULL NAME:** |  |

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| **SECTION 5: DOES THIS LEAVE RESULT IN ADDITIONAL COSTS FOR THE SCHOOL?** **E.g. requiring cover from an agency OR higher agency costs** |
| **YES:** |[ ]  **NO:** |[ ]
| **IF YES, EBM SIGNATURE REQUIRED:** |  | **DATE:** |  |
| **FULL NAME:** |  |

**Please refer to Appendix 1 in the Leave Policy to determine whether this is to be paid or unpaid leave.**

**When completed and fully signed a copy of this form should be given to the employee and a copy held by the Office Team. A copy must be sent to** **absence@reachsouth.org** **for processing.**