**Covid 19 – Childcare Impact**

**Authorised Unpaid Leave Form**

This form is to be used by managers where unpaid leave is authorised for a member of staff due to the impact on childcare as a result of Covid 19. For monitoring purposes, this form must be completed and returned to the HR – First Contact team.

This form will not enable changes to staff pay. Managers must ensure the unpaid leave is recorded on HealthRoster or Payroll notified via a HR2a/ ESR2 form.

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| --- | --- | --- |
| Full Name: |  | |
| Job Title: |  | |
| Band: |  | |
| Staff Group: |  | |
| Department: |  | |
| Division: | Corporate  Division 1  Division 3  Division 5  Division 7 | Division 2  Division 4  Division 6 |
| Line Manager: |  | |
| Alternative options exhausted | Special leave  Annual leave  Homeworking  Flexible working | |
| Authorising Manager:  (must be either Divisional Director of Operations or Deputy Director OF Nursing and for all corporate areas by the respective Deputy to Executive Director). |  | |
| Total no. of days unpaid leave granted: |  | |
| Period of unpaid leave granted: | From: / / To: / / | |
| Payroll notified of unpaid leave: | YES/ NO | |

Completed form to be returned to: [firstcontact@uhb.nhs.uk](mailto:firstcontact@uhb.nhs.uk)