**Special leave application form**

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| **Section 1 – TO BE COMPLETED BY MEMBER OF STAFF** |
| Name  |  |
| Job Title |  |
| Employee Personal Number |  |
| Division |  |
| Department/Ward |  |
| **Category of Special Leave Requested** |
| Compassionate  |  | Health Related |  |
| Dependant’s  |  | Public Duties |  |
| Urgent Domestic  |  | Territorial Army/Reserve Forces |  |
| Other   |  |
| Reason for Request |  |
| Dates Requested |  |
| I confirm that the above information is accurateEmployee Signature: Date: |
| **Section 2 – TO BE COMPLETED BY MANAGER** |
| Name of Manager |  |
| Job Title |  |
| Division |  |
| Dates Requested |  |
| Date Request Received |  |
| Previous Special Leave  | Category | Days Paid | Days Unpaid |
|  |  |  |
|  |  |  |
|  |
|  | Paid | Unpaid |  | Paid | Unpaid |
| Special Leave Approved | Yes |  |  | Number of days/nights/shifts |  |  |
| No |  |  |  |  |
| Number of hours |  |  |
| If special leave denied state reason |  |
| Manager’s Signature: | Date: |