

**Special leave application form**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 accurate  Employee 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: | | | |