**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