**APPENDIX A**

**APPLICATION FORM FOR A CAREER BREAK**

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| Name: |
| Employee Number: |
| Department: |
| Position Held: Hours Worked: |
| Date of commencement of Employment: |
| Length of career break required: |
| Date you would like to begin career break: |
| Checklist for Managers to discuss with employee:* The needs of the department
* The number of staff who may be absent during the period of the career break, e.g. maternity leave, long term ill-health, etc
* The nature of the work the employee does
* The cost of covering an employee’s absence
* Alternative methods of covering the post.
* The effects on managing workloads- consider current and projected workload
* The notice given
* Whether they will need retraining on their return
* Whether a return to the same job is guaranteed
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| Approved/Not Approved\* (delete as applicable) |
| Reasons for not approving: |
| Applicant informed of right of appeal: Yes/No\* (delete as applicable)Date referred to Head of Service:  |
| Employee signature: |
| Manager signature: |
| PMP signature: |