TIME OFF FOR DEPENDANTS - APPLICATION FORM

|  |  |
| --- | --- |
| **Name of employee:** |  |
| **Employee No:** |  |
| **Job Title:** |  |
| **Location:** |  |
| **Department:** |  |
| **Line Manager:** |  |
| **Home Address:** |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
| 1. | I wish to apply for **unpaid** time off under the above Procedure |
|  | From:  |  | To:  |  |
|  | For part time workers and in cases whereby a proportion of a day is taken, please also indicate the time taken in hours and minutes. |
|  | Hours: |  | Minutes:  |  |
|  |  |  |  |  |
| 2. | I hereby confirm that I have read and understood the purposes for which time off is permitted under the Procedure (Please refer in particular to Section 3 of the Procedure)  (NB: A separate form must be completed to apply for time off from each job)I understand that any false information I give on this form may result in disciplinary Proceedings being taken against me. |
|  | **Signed:**  |  |
|  | **Date:** |  |

NB: Your line manager will be required to countersign this form. Leave can be taken prior to receipt of written authorisation. However, verbal permission should be sought as soon as reasonably practicable. A copy of this form, once countersigned, will be forwarded to the Absence Team so that the necessary deduction from pay can be actioned.

|  |
| --- |
| TO BE COMPLETED BY LINE MANAGER |
| I confirm that I have approved the above request for unpaid leave |
| **Signed:** |  |
| **Name:** |  |
| **Job Title:**  |  |
| **Date:** |  |