**SPECIAL LEAVE REQUEST FORM**

**[name of school]**

All requests for special leave of absence should be made and authorised in advance, except in emergency situations. If the circumstances are of extreme urgency direct contact should be made in person to the [head teacher] and the form should be completed on the first day of return.

**Section 1: For completion by the employee**

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| --- |
| Name: |
| Job title: |
| Leave of absence from: dd/mm/yy to: dd/mm/yy paid / unpaid *\*delete as appropriate* |
| Total number of days/hours requested: |
| Reason for request:  *Please provide full details of the circumstances, relatives involved, why this requires your presence and what you have tried to do to try and rearrange if applicable to reduce any impact on your normal working time etc* |
| Signed: Date: dd/mm/yy |

**Section 2: for completion by the school office**

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| --- |
| Paid/unpaid special leave taken in the 12 months preceding first date requested: days/hours |
| Dates: |
| Reasons: |

**Section 3: for completion by the [head teacher/other authorised person]**

|  |  |
| --- | --- |
| Approved / not approved  *\*delete as appropriate* | Paid / unpaid  *\*delete as appropriate* |
| Comments: | |
| Signed: Date: dd/mm/yy | |

*For office use only:*

Copy of the form passed to employee dd/mm/yy

Original form retained on file dd/mm/yy

Payroll notified of any unpaid leave authorised dd/mm/yy