



EMPLOYEE TO COMPLETE THIS SECTION

Please complete this form to request a change to your normal working day(s).

Please provide as much notice and detail as possible, including the reason for your request. Whilst we will do our best to accommodate requests wherever possible, all requests will be considered in line with the needs of the pupils and the effective running of the school.

Name:

I wish to apply for a temporary change of working day:

Normal hours/days:

	Monday	Tuesday	Wednesday	Thursday	Friday
From:					
To:					

I would like to not be in work on the following day(s)...

I would be able to work on the following day(s) instead

Reason: (please attach supporting evidence where appropriate)

Cover Implications:

Declaration

I understand that I must not make any firm arrangements or take leave until this request has been authorised. If this request is not authorised and I am absent due to illness during the same period, I may be required to provide medical evidence from the first day of absence rather than relying on self-certification. I understand that providing false information or taking unauthorised leave may be dealt with in accordance with the school's disciplinary procedures.

Signed:

Please see Vicki Weekes if you have not given 2 weeks' notice

Date:

VICKI WEEKES TO COMPLETE THIS SECTION

Your requested has been authorised / not authorised (please circle)

Signed:

Date:

Reply Sent

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School e-calendar

☐

HR file

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