



**EMPLOYEE TO COMPLETE THIS SECTION**

**Before completing this form, please note:**

- Please ensure you have read the **Leave of Absence Policy** before submitting this request.
- All requests must be made in writing, giving as much notice and detail as possible.
- Completed forms should be placed in the **Leave of Absence box in Vicki Weekes' office**.
- In the event of an emergency, please notify Vicki Weekes as soon as possible. A completed Leave of Absence Request Form must then be submitted on your first day back at work.
- Whilst every effort will be made to accommodate requests, the needs of the pupils and the school will always be the overriding consideration.
- Routine appointments (e.g. GP, dentist or optician) should be arranged outside of school working hours wherever possible.

**Name:**

I wish to apply for leave of absence

|                             | Day                  | Mth                  | Year                 | Time                 | <b>Reason for request (please attach supporting evidence)</b> |
|-----------------------------|----------------------|----------------------|----------------------|----------------------|---------------------------------------------------------------|
| <b>Start:</b>               | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |                                                               |
| <b>End:</b>                 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |                                                               |
| (your working hours missed) |                      |                      |                      |                      |                                                               |

How many Leave of Absence requests have you made this academic year?  days

**Declaration**

I confirm that the information I have provided is true and accurate to the best of my knowledge. I will let the school know if the circumstances relating to this request change or if the leave is no longer required.

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:**  **Date:**  Please see Vicki Weekes if you have not given two weeks' notice

**VICKI WEEKES TO COMPLETE THIS SECTION**

| REQUEST OUTCOME    | Authorised for LOA requested in advance                              | paid days | unpaid days          |
|--------------------|----------------------------------------------------------------------|-----------|----------------------|
| Cover Arrangements |                                                                      |           |                      |
| Comment:           | <input type="text"/><br><input type="text"/><br><input type="text"/> |           |                      |
| Evidence received? |                                                                      |           |                      |
| Signed:            | <input type="text"/>                                                 | Date:     | <input type="text"/> |

Reply Sent ☐ School e-calendar ☐ Absence Register ☐ HR Record ☐