Request for Unpaid Leave

|  |  |
| --- | --- |
| **Full Name:**  |  |
| **Employee Number:** |  |
| **Department:** |  |
| **Job Title:** |  |
| **Contact details whilst on leave:** |  |

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| --- | --- | --- |
| **Are you on a Tier 2 or Tier 5 visa? (please tick)** | **YES** |  |
| **NO** |  |

|  |  |
| --- | --- |
|  |  |
| **Date(s) of proposed leave:** | *From:* |  | *To:* |  |
| Total number of working days’ taken as Annual Leave: |  |
| Total number of working days’ taken as Unpaid Leave: |  |
| Date due to return to work: |  |
| Do you wish to continue to pay pension contributions during this period: Y / N |  |
|  |  |
|  Please provide an explanation/reason for taking leave on this occasion: |
|  |
| **Employee’s signature:** |  | **Date:** |  |
|  |
| **Comment by Head of Department** |
| *Considerations i.e. ability to reorganise work among existing staff; detrimental impact on quality and/or performance of the department/unit/function; burden of additional costs.*  |
| **I support** / **do not support** *(delete)*this request for unpaid leave |
| **Name *(block capitals)*:** |   |
| **Signature of HoD:** | **Date:** |  |

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| --- |
| ***Note to employee:*** |
| **Your application for Unpaid Leave has been**  **Approved 🗌 Not approved 🗌**  |
| Name *(block capitals)*: |   |
| Signature(Director of HR): | Date: |  |

1. Please note that failure to return to work on the date indicated without further authorisation would be considered as unauthorised absence an may result in disciplinary action.

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| **OFFICE USE ONLY** |  |  |  |  |
| ***Human Resources*** |  |  |  |  |
| **HR Received** | **Date** | **…………………………….** | **Name** | **…………………………….** |
| **HR Actioned** | **Date** | **…………………………….** | **Name** | **…………………………….** |
| **Sent to Payroll** | **Date** | **…………………………….** | **Name** | **…………………………….** |