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**APPLICATION FOR TIME OFF**

The Director or nominated officer has the authority to grant up to **TEN** days leave with pay on compassionate grounds. Additionally they have the authority to grant up to twelve months **unpaid leave** dependant on the needs of the service.

Line Managers and senior managers are asked to make the recommendation in each case.

This form must be **fully** completed for consideration to be given to the application and should be submitted at the earliest opportunity.

Name Employee Number

Designation Location

|  |
| --- |
| **UNPAID LEAVE** |
| Number of Days | Dates | Reason |
|  |  |  |

|  |
| --- |
| **PAID OR COMPASSIONATE LEAVE** |
| Number of Days | Dates | Reason |
|  |  |  |

Signature of Applicant

Date

For completion by Line Manager

*COMMENTS:*

APPROVED/NOT APPROVED Signed Date

For completion by appropriate Senior Manager:

*COMMENTS:*

APPROVED/NOT APPROVED Signed Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_