**Ebor Alliance Dependant Care Leave Application**

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| --- | --- | --- |
| **Applicants Name** |  | |
| **Job Title** |  | |
| **Date of Application** |  | |
| **Dates of Dependant Care Leave** |  | |
| **No Of Days Taken** |  | |
| **Working Pattern** (please enter no. of contractual hours on each day normally worked)  **\*\*\*Please ensure this section is fully completed\*\*\***   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | MON | TUES | WED | THUR | FRI | SAT | SUN | TOTAL | |  |  |  |  |  |  |  |  | | | |
| *Paid Dependant Care Leave is at the discretion of the Head Teacher*  *Please refer to guidance on Leave of Absence in Staff Handbook.* | | |
| **Reason for Dependant Care Leave** | | |
|  | | |
| **Do you wish to apply for payment for the period of your Dependant Care Leave?** | **YES NO** | |
| **No of Days Previously Taken for Dependant Care Leave \_\_\_\_\_\_\_\_\_** | | |
| **If you wish to apply for payment for your period of Dependant Care Leave please give details of how you tried to minimise your time absent from work.** | | |
|  | | |
| **Signed:** |  | |
| **For Headteacher’s use:** | | |
| **Application discussed with Governors:** | **YES** | **NO** |
| **Application for leave:** | **APPROVED** | **REJECTED** |
| **Approved** | **PAID** | **UNPAID** |
| **Reason for Decision** |  | |
| **Signed:** | **Date:** | |