**Ebor Academy Alliance Staff Request for Leave of Absence**

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| --- | --- |
| **Applicants Name** |  |
| **Job Title** |  |
| **Date of Application** |  |
| **Date(s) for which leave is requested:** |  |
| **Number of Days Requested** |  |
| **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 | |  |  |  |  |  |  |  |  | | |
| *Payment for Leave of Absence is at the discretion of the Head Teacher*  *Please refer to guidance on Leave of Absence in Staff Handbook* | |
| **Reason for requesting leave:** | |
|  | |
| **Signed:** |  |

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| --- | --- | --- |
| **For Headteacher’s use:** | | |
| **Application discussed with Governors:** | **YES** | **NO** |
| **Application for leave:** | **APPROVED** | **REJECTED** |
| **Approved** | **PAID** | **UNPAID** |
| **Reason for Decision** |  | |
| **Signed:** | **Date:** | |