|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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 or Trustees (if appropriate).***  ***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:** |  | | |