|  |  |
| --- | --- |
| **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:** |  |