APPLICATON FOR LEAVE

|  |  |  |
| --- | --- | --- |
| From: | Section: | Date: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| TYPE OF LEAVE | ✓ |  |  |  |
| Annual Leave |  | All changes to be notified through this form including cancelled leave:- | |  |
| Sick Leave |  | Notify Line Manager on 1st day – see box below |  |  |
| Time off in Lieu |  | Must be taken within 3 months of time worked |  |  |
| Work From Home |  | Hours: | |  |
| Study Leave |  | See below |  |  |
| Other |  | Explain in Reason for Leave box |  |  |
| Compassionate |  | Authorised by Director on the basis of the current Trust Policy | |  |
|  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| For use by staff | | | | For use by Manager | | |
| Dates Requested | | No. of  Days | Bal.  Leave | Bal.  Chkd. ✓ | Approved | Date |
| From | To |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

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| --- |
| Working From Home / Reason for Leave (please outline tasks to be completed below) |

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| --- | --- | --- |
| SICK LEAVE  Action Required: | ✓ | Record brief details: |
| Notify Line Manager on 1st day of absence |  |  |
| Provide sickness certificate as required by Health Board |  |  |
| On return report to Line Manager for Return to Work Interview |  |  |
| Line Manager to complete Sickness & Absence form and return it to the Medical Physics General Office Manager | | |

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| --- | --- | --- |
| STUDY LEAVE |  |  |
| Course details attached |  |  |
| Study Leave Form IP4781 attached if expenses/fees required |  |  |
| Requisition attached for Purchase Order in respect of course fees etc. |  |  |
|  |  |  |