Request for leave of absence

Name	
Job title	

Date/ time from	
Date/ time to	

Reason for request:

Please attach a copy of any relevant appointment card/ letter.

Signature Date

Leave of absence decision

Your request for leave is:

Approved with pay: ☐ Approved without pay: ☐ Time to be made up: Yes ☐

No ☐

Not approved for the following reasons:

Operational difficulties in covering absence: ☐

Loss of entitlement/continuity of education provision for pupils ☐

Leave of absence limits already reached ☐

Other ☐

This form should be handed to the Headteacher in advance with as much notice as possible, ideally no less than 10 working days.