Request for Planned Absence

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| Absence always impacts on learning; please consider your request carefully before submitting this form to your line manager. |
| Name:  |
| Date of absence:  |
| Times of the day: |
| Reason: Please attach supporting letters or documentation. Confidential items can be submitted in an envelope or directly to Human Resources. |
|  |
| Indicate type of absence request – for ‘time off in lieu’ state ‘TOIL’ in appropriate box |
| **Type of Absence** | **Impact** | **✓ or ‘TOIL’** |
| Offsite working, meetings, training | Paid |  |
| Medical appointment | See guidance – discretionary |  |
| Dependent care leave | Unpaid |  |
| Parental leave | Unpaid |  |
| Unpaid leave | Unpaid |  |
| Compassionate leave | See guidance |  |
| Special paid leave activity | See guidance |  |
|  |
| Periods absent: |
| Indicate lessons or duties you will miss including class code. If the request is for a number of continuous days continue overleaf; if the request is for a number of individual days complete a separate form for each day. |
| **REG** | **P1** | **P2** | **DUTY** | **P3** | **P4** | **DUTY** | **P5** | **DUTY** |
|  |  |  |  |  |  |  |  |  |
| * **Have you advised your line manager of your absence?**  Yes/No
* **Is cover required during your absence?**  Yes/No
* **Have you rearranged duties? It is your responsibility to organise duty cover.** Yes/No
* **Who?**
 |
| Tracking: |
| **Supported by:**Line Manager | **Supported by:**Cover | **Approved by:**Headteacher | **Recorded as, by:**Human Resources | COPY RETURNED COLLEAGUE |
| SIGNATURE | SIGNATURE | SIGNATURE | PAID/UNPAID/TOILType of Absence |
| DATE | DATE | DATE | DATE |