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| **Application for special leave** |
| **Personal Details** |
| Full name: |  |
| Employee number: |  |
| Position: |  |
| Organisation (Department): |  |
| Work base: |  |
| Contact telephone number: |  |
| **Circumstances of leave** |
| Emergency carers & dependant leave – Section 6.1.1 of policy (please give details) |  |
| Unexpected crisis leave – Section 6.1.2 of policy (please give details) |  |
| Bereavement – Section 6.1.3 of policy (please give details) |  |
| Time off for public duties – Section 6.2.1 of policy (please give details) |  |
| Interviews – Section 6.2.2 of policy (please give details) |  |
| Jury service – Section 6.2.3 of policy (please give details) |  |
| Reserve and cadet forces- Section 6.2.4 of policy (please give details) |  |
| Other reason (please specify) |  |
| **Number of days requested** |
| Total number of days requested: |  |
| From (date): |  |
| To (date): |  |
| **Signed:** | **Date:** |
| **To be completed by Line Manager** |
| Special leave granted (this episode): | Yes / No |
| Is the special leave paid or unpaid?: | Paid/ Unpaid**\*** |
| Number of days granted: |  |
| Number of days granted (in last 12 month period) |  |
| From (date): |  |
| To (date): |  |
| If not granted, please give reason: |  |
| **Signed:** | **Date:** |
| **Name:** |
| **Position:** |

***Please forward a copy of \*unpaid special leave to :-***

**Payroll.Velindreandphw.CAV@wales.nhs.uk**

***Please retain a copy of the completed form (paid & unpaid) on the employees local personnel file for audit purposes***

***(electronic preferably)***