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**APPLICATION FOR LEAVE OF ABSENCE**

**(For reasons OTHER than those covered by Leave for Family Care)**

Head Teachers have authority to grant up to TWO days leave of absence

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| **Requests for Leave for Family Care purposes MUST be submitted on the relevant application form in accordance with the council’s Policy & Procedure which is available on MyToolkit (https://www.westlothian.gov.uk/hr-services)** |

Details of how the council will process the personal information it holds on you can be found at <https://www.westlothian.gov.uk/media/20843/Contract-of-Employment---Privacy-Notice/pdf/2018-03-21_-_Contract_of_Employment_Privacy_Notice.pdf>

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| Name: |

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| --- |
| Post Title: |

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| Work Location: |

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| REASON FOR ABSENCE:  (Give as much information as possible in order that your application receives full consideration) |
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| Total number of ***working days*** requested: |  |

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| --- | --- | --- | --- |
| Date of first day of absence: |  | Date of last day of absence: |  |

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| --- | --- |
| Employee’s Signature: | Date: |

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| Please forward completed form to your Head Teacher who will consider your request and advise you of the outcome by completing the page overleaf and returning a signed copy of the form to you for your retention. |

**TO BE COMPLETED BY THE HEAD TEACHER**

Outcome of request for leave of absence:

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| --- | --- | --- | --- |
| No. of days granted ***with pay***: |  | No. of days granted ***without pay***: |  |

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| --- | --- |
| If request refused please box |  |

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| REMARKS *(i.e. reason for refusal):* |
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**I confirm the applicant has received a signed copy of this form in accordance with the guidelines.**

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| Head Teacher’s Name (please PRINT): | |
| Head Teacher’s Signature: | Date: |

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| **For PAID leave of no more than TWO days, this form should be retained in school.** |

**Where Leave of Absence Request is in Excess of Two Days, Head Teacher to forward completed for to the Head of Service for Approval**

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| Head of Service’s Signature: | Date: |

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| --- | --- | --- |
| For UNPAID Leave or Leave in Excess of TWO Days, completed form must be returned to:  **HR Services, Civic Centre, Howden South Road, Livingston EH54 6FF** | | |
| For Human Resources Use Only | | |
| Application received | date: | Initials: |
| Application recorded | date: | Initials: |
| Copy form to Payroll **(if LOA unpaid)** | date: | Initials: |