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**APPLICATION FOR SPECIAL LEAVE**

(Leave for Planned Health Care of a Young Child; Special Leave to Care for an Ill Dependant, and Bereavement Leave)

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| Please complete the relevant sections below and give the form to your line manager.  Your line manager will complete page two, advise you of the outcome of your request and ensure that you receive a copy of the completed application. | | | | | | | | | |
| Name: |  | Employee No: |  |  |  |  |  |  |  |
| Job Title: |  | | | | | | | | |
| Location: |  | | | | | | | | |
| You are **not automatically** entitled to special leave, therefore it is important to give as much information as possible in order that your request be given full consideration. | | | | | | | | | |

Please indicate the leave you are applying for by **✓** the relevant box below:

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| **Leave for Planned Health Care of a Young Child** | | | | | | | | | | | | | | | | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | |
| (Maximum entitlement 5 days paid and 5 days unpaid leave in the first five years of the child’s life)  **Requests must be accompanied by evidence of the child’s appointment.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | D | | D | | | M | | M | | | Y | | Y | |
| Child’s Name: | | |  | | | | | | | | | | | | | | | | Child’s Date of Birth: | | | | | | | | | | |  | |  | | |  | |  | | |  | |  | |
| Reason for request: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | D | | D | | M | M | | Y | Y | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of leave required: | | | | | |  | |  | |  |  | |  |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Does your partner work for the council (**✓** as appropriate) | | | | | | | | | | | | | | | | | | | | | | | | | | YES | | |  | | | | | NO | | | | |  | | | | |
| **If YES, please indicate your partner’s name, designation and work location below** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Designation: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Work Location: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Special Leave to Care for an Ill Dependant** | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | | | | | | | | | | | | | | | |
| (Maximum entitlement is 5 days paid and up to 10 days unpaid in any rolling 12 month period) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Special Leave to Care for a Seriously Ill Dependant** | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | | | | | | | | | | | | | | | |
| (Director has discretion to grant up to a maximum period one year unpaid leave) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Relationship of dependant: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nature of dependant’s illness: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | D | | D | | | M | | | M | | Y | | Y | To | | | D | | D | | | M | | M | | | Y | | Y |
| Dates of Leave Requested (inclusive) | | | | | | | | | | | | From | | |  | |  | | |  | | |  | |  | |  |  | |  | | |  | |  | | |  | |  |

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| --- | --- |
| Signature: | Date: |

**Bereavement Leave Section is Overleaf**

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| **Bereavement and Parental Bereavement Leave** | | | | | | | | | | | | | | | | | | | |
| (maximum entitlement is 5 days paid bereavement leave and 2 weeks paid parental bereavement leave) | | | | | | | | | | | | | | | | | | | |
| Number of days requested: | | |  | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
|  | | | | | | D | D | M | M | Y | Y | To | D | D | M | M | Y | Y |
| Dates of Leave Requested (inclusive dates) | | | | | From |  |  |  |  |  |  |  |  |  |  |  |  |
| Your relationship to the deceased: | |  | | | | | | | | | | | | | | | | |
| Location of funeral: |  | | | | | | | | | | | | | | | | | |
| Special Circumstances (if appropriate): | | | |  | | | | | | | | | | | | | | |

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| Signature: | Date: |

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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| To be completed by the Line Manager in accordance with the council’s Policy and Procedure on Leave for Family Care Purposes |

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| **Please note that only the Depute Chief Executive has discretion to authorise extended unpaid leave for the Illness of a Dependant.** |

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| **Outcome of request for leave of absence** | | | | | | | | |
| Request agreed (**✓**) |  | |  | | | | | |
| Number of days authorised WITH pay: | | | |  | Number of days authorised UNPAID: | |  |  |
|  | | | | | | | | |
| Request refused (**✓**) |  | |  | | | | | |
| If request refused a full explanation must be given below: | | | | | | | | |
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| **I confirm the applicant has received a signed copy of this form.** | | | | | | | | |
| Line Manager’s Signature: | | | | | | Date: | | |
| Absence Code (see back of Weekly Absence Return): | | | | | | |

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| **Please DO NOT forward this form to Payroll**  **Authorised Special Leave must be recorded on your Weekly Absence Return for Payroll (including absence code).**  Managers should keep a central record of authorised absences for their section for monitoring purposes and to ensure that employees do not exceed entitlement limits.  A copy of this form should be placed in the employee’s personal file |