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SEVERE WEATHER ARRANGEMENTS

APPLICATION FOR SPECIAL LEAVE

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| **Employee Details** |
| **Name:** |  | **Employee No:** |  |
|  |  |  |  |
| **Job Title:** |  | **Service Area:** |  |
|  |  |  |  |
| **Workplace Location:** |  | **Home Address Line 1:** |  |
|  |  | **Home Address Line 2:** |  |
|  |  | **Town / City** |  |
|  |  | **Post Code** |  |
|  |
|  | Start Date |  | End Date |
| **Date(s) of leave requested:** | D | D | M | M | Y | Y |  | D | D | M | M | Y | Y |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Total Number of days requested:** |  |  |  |  |
|  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| When considering requests for special leave, the Depute Chief Executive will treat each request on its individual merits, taking full account of all relevant circumstances. Please tick the relevant response to the questions set out below: |
|  |  | **Yes** |  | **No** |  |
| **Winter Contingency Arrangements**  |  |  |  |  |  |
| 1. Did you contact your line manager within one hour of your normal start time?
 |  |  |  |  |  |
|  |  |  |  |  |  |
| 1. Did you discuss attending an alternative workplace location with your line manager?
 |  |  |  |  |  |
|  |  |  |  |  |  |
| 1. Did you discuss the option of working from home with your line manager?
 |  |  |  |  |  |
|  |  |  |  |  |  |
| **Travel Arrangements** |  |  |  |  |  |
| 1. Was it possible for you to walk to work or to an alternative workplace, with the agreement of your line manager?
 |  |  |  |  |  |
|  |  |  |  |  |  |
| 1. Was public transport available or any other means of transport?
 |  |  |  |  |  |
|  |  |  |  |  |  |
| 1. Was your inability to travel affected by road closures?
 |  |  |  |  |  |
| *If you answered yes to question 6, please provide some further detail of the road closures below* |  |  |  |  |  |
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| Please provide a short summary of any other personal circumstances e.g. a disability or long standing condition that affected your ability to travel to work |
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| Please provide a short summary of any other information relevant to your application  |
|  |
| **Signature Employee:**  | **Date:**  |
| **Service Manager:** | **Date:** |
| **By signing, the Service Manager is confirming that the information contained in questions 1 to 3 on Winter Contingency arrangements are accurate.**  |

Requests for paid special leave are at the discretion of the Depute Chief Executive. Completed request forms should be submitted to HR Services who will co-ordinate submissions for consideration by the Depute Chief Executive and advise on the outcome.

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>

**OUTCOME OF LEAVE REQUEST**

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

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| REMARKS *(i.e. reason for refusal):* |
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| Depute Chief Executive | Date: |