

Special/Discretionary Leave Application



School:

Date:

Employee:

Payroll Number:

To remain confidential to the employee and the school.

All requests must be done in conjunction to and in reference to the Rules, Policies and Procedures of our MAT (i.e. the trusts staff handbook).

All requests, unless statutory, will be considered on their merit and may not normally be authorised.

Any medical appointments will require evidence and proof. Normal medical, dental and other such appointments will normally need to be taken during own time.

All requests to be made at the earliest possible opportunity.

Date of Special Leave: _____

Reason for Special Leave: _____

Number of days previously requested during past 12 months: _____ (please provide reasons)

I confirm that the above request is true and factual. By taking such time off I will ensure that I keep myself up to date with school activities, as well as providing materials and information where cover is required (if applicable).

I request that this period of leave be paid / unpaid / paid with time made up at the direction of the headteacher.

Employee Signature: _____

Evidence provided: Yes/No

I have considered the above special/discretionary leave request, having reviewed the Rules, Policies and Procedures of our MAT I am **Authorising / Declining** the request.

Having referred to the Rules, Policies and Procedures of our MAT I have determined that this period of Special/Discretionary Leave to be **PAID / UNPAID/ PAID WITH TIME MADE UP**

Headteacher's Signature: _____

Date Authorised/Declined: _____ Reason for Decline: _____