

ETWALL PRIMARY SCHOOL

STAFF SPECIAL LEAVE APPLICATION FORM

Please complete, in advance, if possible, or on your return to work in emergency situation.

Please hand into the Head Teacher on the first day back at work (if applicable).

NAME	
JOB TITLE	
SCHOOL	ETWALL PRIMARY SCHOOL
DATE OF APPLICATION	
DATE(S) LEAVE REQUESTED	
REASON FOR REQUEST <i>(please provide full details to enable your request to be fully considered – not sufficient to quote family reasons, personal matters etc.). Please provide documentary evidence for appointments wherever possible.</i>	
Signature	
Date	

Office Use Only :	
Special Leave requested in last 12 months	
Will cover be required?	Temporary relief / Supply cover
Will leave be paid or unpaid?	

Head Teacher Approval	
Signature	
Date	

<input type="checkbox"/> Added to Absence Spreadsheet	<input type="checkbox"/> Added to SAP absence
Governors informed	

If this request exceeds your entitlement for leave, then the Head Teacher will forward to the Governing Body for consideration. A decision will be communicated to you after the next Governing Body meeting. Please refer to the school's Staff Absence Policy for further details