

**Leave of Absence without Pay Application Form**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **From: Name:** |  | | | | | | | | | | | | | | | | | | |
| **Job Title:** |  | | | | | | | | | | | | | | | | | | |
| **Service:** |  | | | | | | | | | | | | | | | | | | |
| **Payroll Number:** |  | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | |
| **To: Name:** |  | | | | | | | | | | | | | | | | | | |
| **Job Title:** |  | | | | | | | | | | | | | | | | | | |
| **Service:** |  | | | | | | | | | | | | | | | | | | |
| **Please review my request for a Career/Employment Break, details of which are as follows:** | | | | | | | | | | | | | | | | | | | |
| Start Date of Leave of Absence: | | | |  | | | | | | | | | | | | | | | |
| End Date of Leave of Absence: | | | |  | | | | | | | | | | | | | | | |
| Total time as Leave of Absence: | | | | | | Months | | |  | | | | Days | | | |  | | |
| Reason for Request: | | | | | | | | | | | | | | | | | | | |
| Caring for a child | |  | | | | | Caring for a dependent | | | | | | | | |  | | | |
| Training / study leave | | | |  | | | | | | Working abroad | | | | | |  | | | |
| Other – please specify | | | |  | | | | | | | | | | | | | | | |
| I wish to take this time away from work as a leave of absence without pay and the benefits to me will be: | | | | | | | | | | | | | | | | | | | |
| I wish to take this time away from work as a leave of absence without pay and the benefits to DCC will be: | | | | | | | | | | | | | | | | | | | |
| Additional Information – if appropriate: | | | | | | | | | | | | | | | | | | | |
| Submission date of request: | | |  | | | | | | | | | | | | | | | | |
| **I understand and accept the terms and conditions as detailed in the Leave of Absence without Pay Policy. I understand and accept that if my application is accepted, should I have a break from employment with Denbighshire County Council of 12 or less months duration I will return to my substantive post.** | | | | | | | | | | | | | | | | | | | |
| **Signed:** | | | | | | | | | | | | | | | | | | | |
| Deciding Supervisor/Line Manager’s Record | | | | | | | | | | | | | | | | | | | |
| Date received by Supervisor/Line Manager: | | | | | | | |  | | | | | | | | | | | |
| PROMPT - Meeting Deadline (14 calendar days from receipt): | | | | | | | | | | | | | |  | | | | | |
| HR Involvement Required: | | | | | | | | Yes | | |  | | | No | | | |  | |
| Actual Date meeting held: | | | | | | | |  | | | | | | | | | | | |
| Outcome: | | | | | | | | | | | | | | | | | | | |
| Leave of Absence without Pay: | | | | | | | | Authorised | | | |  | | | Rejected | | | |  |
| Justification: | | | | | | | | | | | | | | | | | | | |
| Any special Arrangements: | | | | | | | | | | | | | | | | | | | |
| PROMPT – Date for written response (7 calendar days after meeting): | | | | | | | | | | | | | | | | | | | |
| Actual Date Response sent: | | | | |  | | | | | | | | | | | | | | |
| Managers Signature: | | | | |  | | | | | | | | | | | | | | |