ANGUS COUNCIL

<u>APPLICATION FOR SPECIAL LEAVE UNDER THE SPECIAL LEAVE POLICY – TEACHERS,</u> <u>MUSIC INSTRUCTORS AND OTHER EDUCATIONAL PROFESSIONALS</u>

Please complete the relevant sections below a Your manager will complete page two and ac Where appropriate, the request will be consider	lvise you of the ou	ıtcor	me (of you	_	esur	st.	
Name:	Employee No:							
Job Title:								
Location:								
You are not automatically entitled to all types operational requirements and minimal disruptimportant to give as much information as possil consideration.	otion to service o	deliv	ery	, the	efore	e it	is	

Please indicate the type of leave you are applying for by **ticking** the relevant box below.

The definition, and any entitlement for each category of leave is detailed within the Special Leave Policy.

Special Leave subject to Head Teacher/Manager approval:

Appointments related to Health	Moving House	
Maternity/Adoption Support Leave	Leave for Exams/Study Leave	
Compassionate Leave (up to 5 days)	Royal Gathering	
Family illness/Time off for Dependents	Weddings/Civil Partnerships	
Carer's Leave (unpaid)	Graduation Ceremony/Passing Ou Parade	J†
Bereavement Leave	Religious Observance	
Court Appearances	Foster and Kinship Care	
Job Interview (up to 1 day)	Fertility Treatment	
Other Requests for Leave (up to 2 days)		

Special Leave subject to Service Leader approval:

Compassionate Leave – beyond 5 days	Job Interview (beyond 1 day)	
Professional Sporting/Cultural Activities	Military Reservist Forces Training & Mobilisation	
Political Activities	Public Duties	
Other Requests for Leave (beyond 2 days)		

Where relevant, requests must be accompanied by evidence of appointment/s: When do you want to take the leave: provide dates from and to: Where is the location of the appointment/event: Provide details of what the specific time off for relates to, for example, the specific event you want time off to attend, your relationship with any dependants or family members (if this is relevant): Provide details of any other special circumstances relevant to the request: Employee Signature: Date: Outcome of request for leave of absence Request agreed (✓) Number of days authorised WITH Number of days authorised pay: **UNPAID:** Request refused (✓) If request refused a full explanation must be given below: I confirm the applicant has received a signed copy of this form. Manager's Signature: Date:

On completion of this form Managers should:

For unpaid leave – Managers should email this completed form by the 10th of the month with the details of the unpaid leave which is to be taken to PayrollSection@angus.gov.uk. Salary deduction will be made in the month the unpaid leave is taken.

For paid leave - Managers should keep a record of authorised absences for employees you manage in their working file for monitoring purposes and to ensure that employees do not exceed entitlement limits.