

# Notice of Leave of Absence

(to be completed by school-based staff only)

## SECTION 1 – PERSONAL DETAILS (TO BE COMPLETED BY EMPLOYEE)

|               |                      |             |                      |
|---------------|----------------------|-------------|----------------------|
| Full Name     | <input type="text"/> |             |                      |
| Home Address  | <input type="text"/> |             |                      |
| Designation   | <input type="text"/> |             |                      |
| Place of Work | <input type="text"/> |             |                      |
| Staff Number  | <input type="text"/> | N.I. Number | <input type="text"/> |

Please ensure all requests are made in line with the Schedule of Leave of Absence Guidance.

## SECTION 2 – LEAVE OF ABSENCE DETAILS (TO BE COMPLETED BY EMPLOYEE)

| Dates From           | Dates To             | Time Requested<br>(hours/full days) | Reason For Leave Of Absence |
|----------------------|----------------------|-------------------------------------|-----------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/>                | <input type="text"/>        |
| <input type="text"/> | <input type="text"/> | <input type="text"/>                | <input type="text"/>        |
| <input type="text"/> | <input type="text"/> | <input type="text"/>                | <input type="text"/>        |

With the exception of absence granted for emergency leave  
all requests should be made **PRIOR** to the absence

|                    |                      |      |                      |
|--------------------|----------------------|------|----------------------|
| Employee Signature | <input type="text"/> | Date | <input type="text"/> |
|--------------------|----------------------|------|----------------------|

## SECTION 3 – FOR COMPLETION BY HEADTEACHER

Check request is in line with the Schedule of Leave of Absence Guidance.

Leave of Absence Approved  If approved, please indicate: Paid  Unpaid

Leave of Absence Declined

|                       |                      |      |                      |
|-----------------------|----------------------|------|----------------------|
| Headteacher Signature | <input type="text"/> | Date | <input type="text"/> |
|-----------------------|----------------------|------|----------------------|

Please ensure that all Notice of Leave of Absence forms for **UNPAID LEAVE**  
are submitted to [HRpayroll@blaenau-gwent.gov.uk](mailto:HRpayroll@blaenau-gwent.gov.uk) for processing.

## ORGANISATIONAL DEVELOPMENT DIVISION ONLY

|                |                          |                         |                      |
|----------------|--------------------------|-------------------------|----------------------|
| Correspondence | <input type="checkbox"/> | OD Authorised Signature | <input type="text"/> |
| Update System  | <input type="checkbox"/> | Date                    | <input type="text"/> |