

**Leave of Absence without Pay Application Form**

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| **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:  |       |