

ABSENCE REQUEST FORM

Surname: Forenames:

Location: Payroll no:

The following time off work is requested:

Period From: (dd/mm/yy)

To: (dd/mm/yy) inclusive

(If part of the day, indicate the start and end times)

Working day return date: (dd/mm/yy)

- Annual holiday
- Death of near relative
- Jury / witness duty
- Hospital attendance
- Territorial Army
- Appointment for doctor / clinic
- Optician / dentist
- Family responsibilities (see separate form for Parental Leave)
- Other (please specify):

TO BE COMPLETED WHEN APPROVAL WAS NOT SOUGHT IN ADVANCE

I was absent on (dates):

For the following reason:

.....

Reason why approval was not sought:

.....

Employee's signature: Date:

Authorisation for time off: With pay; according to entitlement

Without pay

Manager's signature: Date: