

Special Leave of Absence Request

Please tick the relevant box to indicate if you are paid on the 16th or 26th of the month:

MONTHLY 16th ☐

MONTHLY 26th ☐

Some special leave provisions are discretionary and others confer entitlement. Special leave is not approved until this form has been authorised by the appropriate officer.

Part 1 – to be completed by the employee								
Personnel area (department / school / business name):								
Employee name:					Personnel number:			
Details of the request								
Date required from:			Date required to:			Total number of working days:		
<i>If the time required is less than one day, please state the number of hours and the time period you will be away from the work place.</i>								
Number of hours:			Time away from workplace; From: To:					
Leave Category – Please select a category and complete required details below	<input type="checkbox"/> Ante-natal leave Appointment Card		<input type="checkbox"/> Bereavement leave Relationship, & date of funeral		<input type="checkbox"/> Birth leave MATB1 & letter from expectant mother		<input type="checkbox"/> Corona isolate NoSympt <input type="checkbox"/> Corona isolate Sympt	
	<input type="checkbox"/> Domestic difficulty Explanation		<input type="checkbox"/> Hospital Appointment Appointment Card / Letter required		<input type="checkbox"/> Parental leave		<input type="checkbox"/> Pre-approved unpaid leave*	
	<input type="checkbox"/> School governor School / Date Time		<input type="checkbox"/> Sick dependant leave Relationship, age & nature of illness required		<input type="checkbox"/> Under 5's development checks		<input type="checkbox"/> Volunteering	
<input type="checkbox"/> Service non-regular forces								
<input type="checkbox"/> Other Please specify								
Reason for Request (please use this space to provide as much additional information as possible)								
Provide work schedule information if weekend or rota working applies								
	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Total
Week 1								
Return to work week								
Employee signature:					Date:			
Under the new Local Government Pension Scheme (LGPS) Regulations, (NOT Teachers Pension Scheme) pension contributions are no longer deducted automatically for any period of authorised unpaid absence, however you do have the option to pay Additional Pension Contributions (APCs) to cover this absence. Further information and an application form (which should be completed and sent to the BSC) can be found in the member section of the LGPS website.								
Part 2 – APPROVAL to be completed by an authorised officer								
Request approved with pay					Request approved without pay ***			
*** I have agreed with the employee that time off has been approved without pay, and informed them that monies will be deducted from pay at the earliest opportunity in full.								
Signature:					Name:			
Position title:					Date:		Telephone:	
It is the responsibility of the authorised officer signing this form to notify the employee of the decision made.								

Please upload completed form via secure file transfer to the BSC Leeds Customer Portal
You can email related correspondence direct to: bsc.hr.employee.matters@leeds.gov.uk