

**CONFIDENTIAL  
STAFF LEAVE OF ABSENCE REQUEST**

**PART A – To be completed by the employee**

NAME:

POST:

SCHOOL:

**Leave requested:**

From: ..... To: ..... (inclusive)

**Reason for Request**

**Signed:** ..... **Date:** .....

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**PART B – To be completed by the headteacher/chair of governors**

Application Approved Yes/No \* (\*delete as appropriate)

Paid  Unpaid  Total Number of working days

Where the application is not approved please state the reasons:

**Signed:** ..... **Date:** .....  
**(Headteacher/Chair of Governors)**

Payroll informed  Date .....

**A copy of this form should be stored on the individual's personnel file**