**Request for Emergency Leave**

Complete and sign this form and return it to the head teacher or your line manager.

Requests for time off must be made in advance unless an emergency situation prevents this, in which case this form should be completed retrospectively.

Requests will be considered in line with the Emergency and Special Leave Scheme and will normally be responded to within five working days.

**Important Note:** **This form is for internal school use only**. Once Emergency Leave has been approved it must be booked using Employee Self Service.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Emergency Leave** – time off to deal with unforeseen emergency events involving a dependant | | | | |
| Name: | | | | |
| From (day and date): | | | | |
| My last working day was (day and date): | | | | |
| I returned to work on (day and date): | | | | |
| Number of working days: | |  | | |
| Reason for Emergency Leave: | | | | |
| Employee’s signature: | | | Date: | |
| **Emergency Leave Approval** | | | | |
| Paid |  | Unpaid | |  |
| Signed: | | | Date: | |

A copy of this form should be retained in the employee’s file.