**Absence of Leave Form**

**To be completed by employee and signed off by appropriate person – the ‘Approver’**

Requests for leave of absence should always be made in at least **7** days in advance and in writing. (Section 4 above)

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| --- | --- |
| **Employee to complete:** | |
| **Employee Name:** |  |
| **School or Shared Services Team** |  |
| **Date(s) of Absence requested:** |  |
| **Reason for Absence**  (Evidence attached if appropriate) |  |
| **Time of Absence** |  |
| **Return to Work Date** |  |
| **Hours to be made up** |  |
| **Approver to complete:** | |
| **Leave granted**  *Completed by Approver:*  Paid Leave Granted  Unpaid Leave Granted  Leave Not Authorised | **Any relevant comments** |
| **Name**  sacred heart logo (black text)Authorised by Approver: |  |
| **Signature**  Authorised by Approver: |  |
| **sacred heart logo (black text)Comments** |  |
| Recorded on Cintra |  |

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|  | **CSEL** | **Principal/Director of Operations/Chief Finance Officer/HR** | **Teachers** | **Support staff**  **School** | **Support staff**  **Shared Services Team** |
| **Approver** | Chair Board of Director | Principal | Principal | Principal | Director of Operations |