Please discuss your plans with your manager or Head of Institution before completing this form. This form should be used for applications for Special Leave in accordance with the University’s Special Leave Policy. Please note that there are alternative forms for maternity, paternity, parental, adoption, sickness, flexible working, academic, sabbatical and study leave. Please use one of those, as appropriate.

PART 1 – Application for Leave

To be completed by the employee

Section A – Personal and Employment Details

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Please answer all questions. Your personal reference number can be found on your payslip.  Questions 6 and 7: it is very important that we know what days of the week you are working in order that we can calculate your leave entitlement correctly. In question 7 tell us the start date of this pattern (even if in the past). If your pattern changes before you go on leave, you must tell us. | |  |  |  | | --- | --- | --- | | 1. Name |  | | | 2. Personal Reference Number |  | | 3. Position Held |  | | | 4. Faculty / Department |  | | | 5. Email address |  | |  |  |  |  | | --- | --- | --- | | 6. Working pattern | Every weekday Monday - Friday |  | | If other, please specify below |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Mon |  | Tue |  | Wed |  | Thu |  | Fri |  | Sat |  | Sun |  |  |  |  | | --- | --- | | 7. Start date of this pattern (dd/mm/yyyy) |  | |

Section B – Details of leave

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Enter details of the leave requested.  If you are unsure which type of leave to apply for then contact your Departmental Administrator  **In the case of jury service, please submit the form before court attendance.**  **Please provide further details if required e.g. details of any half days, multiple periods or combinations of paid or unpaid leave.** | |  |  | | --- | --- | | **8. Type of leave** | Tick one | | Compassionate leave |  | | Emergency leave (emergencies involving dependants) |  | | Emergency leave (unexpected domestic and other) |  | | Essential civic and public duties |  | | Service in the Reserve Forces |  | | Jury Service |  | | Attendance at court as a witness |  | | Fertility treatment |  | | Elective surgery/procedures |  | | Gender reassignment |  | | Voluntary work |  |  |  | | --- | | *Please give further details if appropriate* |   9. Type of leave *(please refer to Special Leave policy)*   |  |  |  |  | | --- | --- | --- | --- | | Unpaid |  | Paid |  |  |  |  | | --- | --- | | 10. Start date of leave (dd/mm/yyyy) |  | | 11. End date of leave (dd/mm/yyyy) |  | |

HR Use

|  |
| --- |
| RTW Status (If Tier 2 or Tier 5: CHECK with Compliance before implementing) |
|  |
| Compliance: leave reported to UKVI if necessary (initials & date) |
|  |

Section C – Declaration

I apply for leave as set out above.

**Signed (applicant)** Date

You should now send this form to your Departmental Administrator for completion of Part 2.

Part 2 – Institutional Authorisation

This part must be completed by the Head of Department or equivalent.

Section D – Authorisation

I authorise this leave and confirm that the relevant documentation has been provided (if appropriate).

Signed Name

Position Date

Section E – Faculty Board Support and Authorisation (For Established Officers only for all types of leave excluding emergency leave, jury service, service in the reserve forces and essential and civic public duties)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| For leave under Special Ordinance C (i) 2 (b), Faculty Board support must be clearly stated. Copies of the relevant minute or a letter of support from the Chairman / Secretary of the Faculty Board should be attached. | 11. Does the Faculty Board support this application for leave?   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Yes |  | No |  | N/A |  |  |  |  | | --- | --- | | 12. Date of Faculty Board approval |  | |

To be completed by Chairman/Secretary of Faculty Board, or equivalent.

Signed Name

Position Date

Completed forms should be posted or emailed to:

1. Your [HR School Team Administrator](http://www.admin.cam.ac.uk/global/cgi/stafflist.cgi?division=hr) at the relevant address at Addenbrooke’s (School of Clinical Medicine) or the Old Schools (all other Schools)

2. For unpaid special leave only – if applying from within a School a copy of the form should be sent to your School Finance Manager at the School Office.