

# Absence Request

**5 working days** prior for a request for a **single** day.

**20 working days** prior for requests greater than 1 day.

**Staff Name:** \_\_\_\_\_

- |                                       |                                       |  |
|---------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Sick leave   | <input type="checkbox"/> Annual leave | <input type="checkbox"/> Bereavement leave |
| <input type="checkbox"/> Time in Lieu | <input type="checkbox"/> Unpaid leave | <input type="checkbox"/> Other             |

Date _____	Day _____	Finish/Start Time _____
Date _____	Day _____	Finish/Start Time _____
Date _____	Day _____	Finish/Start Time _____
Date _____	Day _____	Finish/Start Time _____
Date _____	Day _____	Finish/Start Time _____

Employee Signature _____	Submitted Date _____
-----------------------------	-------------------------

Manager Signature _____	Approved Date _____
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- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Added to Calendar | <input type="checkbox"/> TIL sheet updated | <input type="checkbox"/> Medical certificate |
|--|--|--|