

<b>Policy Title:</b>	Unpaid Leave Application Form
<b>Description:</b>	This application form accompanies the MIE Special Leave of Absence Policy
<b>Author (Position):</b>	HR
<b>Version:</b>	2
<b>Approved By:</b>	MIE Governing Body
<b>Policy Approval Date:</b>	December 2022
<b>Date of Next Policy Review:</b>	April 2026 (or as necessary)

## Appendix 1 Unpaid Leave Application Form

### Section 1: To be completed by Applicant

Name of Applicant :	Staff Number:
Department:	Email:
Start Date of unpaid leave:	Return to work date:

Purpose of the leave:

I agree to the terms and conditions as laid out in the MIE Special Leave of Absence Policy.

Signature of applicant
Date

### Section 2: To be completed by Head of Department.

I recommend that ..... be granted unpaid leave for the duration of .....
Signature
Please Print Name
Date

Is a replacement required for this post? Y/N

If yes, please specify details below:

Grade:	Duration:
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Please note any vacancies advertised as a consequence of facilitating this leave will be filled on a specified purpose, fixed term contract basis, for the maximum duration of the leave. Please liaise with HR for the filling of any vacancies.

**Section 3: To be completed by the President of MIE  
(where leave exceeds six months)**

I note and approve the above unpaid leave as specified above and approve the consequential filling of the vacancy as outlined (if applicable)

Signature
Please Print Name
Date

Please return this form to HR.