|  |  |
| --- | --- |
| **Policy Title:** | Unpaid Leave Application Form |
| **Description:** | This application form accompanies the MIE Special Leave of Absence Policy |
| **Author (Position):** | HR |
| **Version:** | 2 |
| **Approved By:** | MIE Governing Body |
| **Policy Approval Date:** | December 2022 |
| **Date of Next Policy Review:** | 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: |

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.