

Endeavour Multi Academy Trust

Request for Time Off Form

(to be used in conjunction with Time Off Policy)

School: _____

Employee Name: _____

SECTION A: (To be completed by the Employee)

Reason for Time Off:	(i.e. Compassionate, Medical Appointment, Public Duties)
Date of Time Off:	(i.e. date to and from, if hours include times)
Rationale/support for request of Time Off:	
Signed:	
Date Submitted:	

SECTION B: (To be completed by Authorised Manager)

Authorised:	Yes / No
Rationale for decision:	
Paid or Unpaid: (include specific details)	(i.e. 1 st day paid 2 nd day unpaid)
Signed:	
Date:	

SECTION C: (To be completed by HR/Office Manager/Bursar)

Outcome given to employee:	(Date)
Request filed and recorded:	
Payroll notified:	