Appendix A

Application for special leave

Cardiff and Vale University Health Board Application for special leave		
		Personal Details
Full name:		
Employee number:		
Position:		
Organisation (Department):		
Work base:		
Contact telephone number:		
Circumstances of leave		
Emergency carers & dependant leave – Section 7.1.1 of policy (please give details)		
Unexpected crisis leave – Section 7.1.2 of policy (please give details)		
Bereavement – Section 7.1.3 of policy (please give details)		
Time off for public duties – Section 7.2.1 of policy (please give details)		
Interviews – Section 7.2.2 of policy (please give details)		
Jury service/Attendance at court as a witness – Section 7.2.3 of policy (please give details)		
Fertility Treatments – Section 7.2.4 of policy (please give details)		
Other reason (please specify)		
Number of days requested		

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Total number of days requested:	
From (date):	
To (date):	
Signed:	Date:
To be completed by Line Manager	
Special leave granted (this episode):	Yes / No
Is the special leave paid or unpaid?:	Paid / Unpaid
Number of days granted:	
Number of days granted (in last 12 month period)	
From (date):	
To (date):	
If not granted, please give reason:	
Signed:	Date:
Name:	•
Position:	