

Shared Services Directorate

Second Floor Zone A1, Foss House, Kings Pool, 1–2 Peasholme Green, York YO1 7PX

Telephone 0845 603 7262 Fax (01904) 455 042

Email ssd.enquiries@defra.gsi.gov.uk



Application for Special Leave

For HR Use

Notes to Applicants, Authorising Officer

- Before you complete this application, please read **Staff Handbook, Absence Section: Special Leave** which gives guidance on the circumstances in which special leave may be allowed and what documentation you may need to submit with the application.
- Defra allows staff 1 day's paid Special Leave each year for **volunteering**. Tick the relevant '**volunteering**' box below if this is the purpose of your application. If not, give your reason in the 'all other purposes' box.
- Further advice may be obtained from SSD HR Services (details overleaf).

SECTION 1 – For completion by the Applicant

Please use **BLOCK LETTERS**

Surname	<input type="text"/>	Initials	<input type="text"/>	Title	<input type="text"/>
Grade	<input type="text"/>	Division and Branch	<input type="text"/>	Staff number	<input type="text"/> (SP No.)
Location (in full, incl. Room No.)	<input type="text"/>				
Telephone number (incl. national dialling code)		GTN code		Ext.	

I wish to apply for Special Leave:

- | | |
|--|---|
| with pay:
from (date) <input type="text"/>
to (date) <input type="text"/> inclusive | without pay:
from (date) <input type="text"/>
to (date) <input type="text"/> inclusive |
|--|---|

For the following purpose:

Volunteering:		
Environmental <input type="checkbox"/>	Social/Community <input type="checkbox"/>	Other <input type="checkbox"/>

For all other purposes - please outline below:

- I have read the Staff Handbook, Absence Section: Special Leave and, where appropriate, attach the relevant documentation.

Signature	<input type="text"/>	Date	<input type="text"/>
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SECTION 2 – For completion by the Authorising Officer

- Approval may be notified to the applicant by means of a copy of this form. If any request is declined you must normally confirm the reason(s) in writing. **In every case, the original application, supporting documentation and any other correspondence must be passed to SSD HR Services, Room 212, Foss House, Kings Pool, 1-2 Peasholme Green, York, YO1 7PX.** You should retain a copy for information.

- Please contact SSD if a replacement is required to cover an extended absence.

This application is (tick **ONE** box only):

approved	<input type="checkbox"/>	rejected	<input type="checkbox"/>	for Special Leave with pay within the delegated limits
recommended	<input type="checkbox"/>	not recommended	<input type="checkbox"/>	for Special Leave without pay or Special Leave with pay in excess of the delegated limits

Comments:

I have read the Staff Handbook, Absence Section: Special Leave and confirm that this application falls within the guidelines.

Signature

Date

Name in BLOCK
letters

Grade

Location

(in full, incl.
Room No.)

Telephone number (incl. national dialling code)	GTN code	Ext.
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