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# **Special Leave Application Form**

**Name:**

**Job Title:**

**Employee Number:**

**Department / Section:**

**Base Location:**

**Date(s) requested (paid):** (pro rata entitlement for part time employees)

**Date(s) requested (unpaid):** (pro rate entitlement for part time employees)

**Date(s) of any previous special leave taken within 12 months:**

**Reason for the request:** (please provide full details to enable your request to be fully considered by your manager)

**Employee’s Signature:**

**Date:**

**Manager / Head of Division**

**Approved / Not Approved** (delete as appropriate)

**Signature:**

**Date:**

**Send completed form to HR Services at** **Pay@Derbyshire.gov.uk**