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**Unpaid Leave Application Form**

**Name:**

**Job Title:**

**Contractual Hours:**

**Employee Number:**

**Department / Section:**

**Grade (Pay Point):**

**Requested Dates of Unpaid Leave:**

(Number of days requested shown as days, hours and minutes)

**Pensions – I have read the guidance in the ‘Pension Contributions During Leave’ section of the Employee Leave Schemes document.**

**I have read and agree to the conditions relating to the scheme.**

**Employee’s Signature:**

**Date:**

**To be Completed by Manager / Head of Division**

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

**Reason for Decision (if application refused):**

**Signature:**

**Date:**

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

**For HR Services completion**

Details of deductions:

Confirmed number of hours/minutes to be deducted: