Disability Leave Form

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| Version Control | Changes Made | Author |
| Version 1 – April 2023 |  | HR/OD |

* Complete for all employees who make a request for Disability Leave
* All requests must be authorised by the relevant Senior Manager/Headteacher
* Please include any relevant evidence with this form
* Send the completed form to HR admin, recruitment and payroll services using the HR Portal.

Personal Details

**Personal Details**

|  |  |
| --- | --- |
| **Name of employee:**  |  |
| **Employee/payroll number:**  |  |
| **Employee signature:**  |  | **Date:** |  |
| **Name of manager:** |  |
| **Manager signature:**  |  | **Date:** |  |
| **Team/unit:** |  |

Section A – Unplanned Disability Leave

**I was on disability leave over the following period**

|  |  |
| --- | --- |
| **Start Date/Time:**  |  |
| **End Date/Time:**  |  |
| **Employee Name:** |  |
| **Employee signature:**  |  | **Date:** |  |
| **Name of manager:** |  |
| **Manager signature:**  |  | **Date:** |  |

Section B – Planned Disability Leave

**I will be on Disability leave over the following period**

|  |  |
| --- | --- |
| **Start Date/Time:**  |  |
| **End Date/Time:**  |  |
| **Employee Name:** |  |
| **Employee signature:**  |  | **Date:** |  |
| **Name of manager:** |  |
| **Manager signature:**  |  | **Date:** |  |

To be completed by the Senior Manager/Head Teacher

|  |  |
| --- | --- |
| **Post of the person requesting disability leave:**  |  |
| **Will you be able to make internal arrangements to cover the post if appropriate:** |  |
| **If a replacement if required please give details:**  |  |
| **What is your recommendation with regard to the request:** | **Date:** |
| **Any further comments:** |  |
| **Signature Senior Manager/Head teacher:** |  | **Date:** |  |