



DROYLSDEN Academy

APPLICATION FOR LEAVE OF ABSENCE (TEACHER STAFF) : OTHER THAN TRAINING

Please email this form to Mr Davies (Principal) for approval before making any cover arrangements.

Part 1: Should be completed by all applicants after reading the Guidelines for Teachers' Leave of Absence.

Part 2: Should be completed by applicants who will be receiving remuneration of loss of earnings from an alternative source.

Part 3: Should be completed by applicant's responsible manager as indicated in the Guidelines for Teacher's Leave of Absence.

PART 1 : NATURE OF ABSENCE

Name of Teacher: _____

Name of Provider: _____

Reasons for Absence: _____

Date(s) of Absence: from _____ to _____ inclusive

Total Working Days: _____

PART 2 : IMPLICATIONS FOR COVER

Day	Reg	Period 1	Period 2	Period 3	Period 4	Lunch	Period 5	Reg	Duty swapped with
Mon									
Tues									
Wed									
Thurs									
Fri									

The above request for leave of absence is approved:-

1. from _____ to _____ with salary

2. from _____ to _____ without salary

The above request for leave of absence is not approved for the following reasons:

Signature (Principal): _____ Date: _____