**Leave of Absence Request**

Please email this request to **leaveofabsence@themeadows.sandwell.sch.uk** to be authorised

|  |  |
| --- | --- |
| **Name** |  |
| **Reason For Absence** |  |
| **Start Date of absence** |  | **Start Time of absence** |  |
| **End Date of absence** |  | **End Time of Absence** |  |
| **Signature:** |  | **Date:** |  |

**For approval**

|  |  |  |
| --- | --- | --- |
| **Approval** | **Yes/No** | **With Pay/ Without Pay** |
| **Headteacher Signature** |  | **Date** |  |

**For HR Use:**

**Entered on Portal yes/no**

**Proof seen yes/no**

**Form sent back to staff member yes/no**