

Absence Management - Authorised Absence Request Form

- This form is to be used to request and record employee absence but is not for absence due to sickness, flexi, or annual leave.
- Employees under the flexi scheme should only use this form if they are unable to make an appointment out of core time (8am - 10am and 4pm - 6.30pm). Please refer to the [Flexi Scheme Policy](#).
- Employees should complete this form before the absence. However, when this form is used to authorise appointments, it should be completed/logged on the system after the appointment as it is possible for them to be cancelled/overrun/etc.
- Any appointment over ½ a day will be classed as sickness absence.

Part 1 - Personal Details *To be completed by the employee*

First Name:					Surname:						
Service:					Department:						
Type of absence: (please circle)	Compassionate Leave	Dependency Leave	Appointment (Less than ½ day)	Public Duties	Study/ Exam Leave	Emergency Leave	Carer's Leave	TA/Reserved Forces Leave	Time off work for dependants	Parental Leave	Other
Reason for absence: (e.g. to give blood, attend funeral, dentist appointment etc)								<input type="checkbox"/> PAID <input type="checkbox"/> UNPAID PLEASE SPECIFY PAID OR UNPAID LEAVE			

Part 2 - Period of Absence *To be completed by the employee*

I request time off for the above absence on the following days/hours:

First day of absence (please circle):	M	T	W	T	F	S	S	Date:		Half Day?	Y/N
Last day of absence (please circle):	M	T	W	T	F	S	S	Date:		Half Day?	Y/N
Date returned to work (please circle):	M	T	W	T	F	S	S	Date:		Half Day?	Y/N
Total No. of working days absent from work:								Total No. of working hours absent from work:			

Part 3 - Confirmation *To be completed by the employee*

I confirm that the information I have given is correct. I understand that if I provide inaccurate or false information about my absence it may, depending on the circumstances, be dealt with under the Disciplinary procedure.

Employees Signature:		Date:	
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Part 4 - Authorisation *To be completed by the line manager*

I authorise the above employee's request for absence.

Managers Name (PRINT):			
Managers Signature:		Date:	

YOU MUST PASS THIS FORM ONTO YOUR MANAGER FOR LOGGING:

Harlow Council understands that your privacy is important to you. For more information on how we collect, use and process personal data please view <http://www.harlow.gov.uk/privacy-notice> and <http://www.harlow.gov.uk/employees-privacy-notice>.