**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.**](http://webserv2/PDF/Flexi%20Scheme%2028.11.07.pdf)

 **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 | AppointDependency (Less t | menthan ½ Public | Study/Exam Emergency | Carer’s | TA/Reserved | Time off | Parental Other |
| Leave | Leave | Duties | Leave | Leave | Forces Leave | work for | Leave |
|  | da | y) | Leave |  |  | dependants |  |

**Reason for absence:** (e.g. to give blood, attend funeral, dentist appointment etc)

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

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

**PAID UNPAID PLEASE SPECIFY PAID OR UNPAID LEAVE**

Y/N

Y/N

Y/N

First day of absence (please circle): Last day of absence (please circle): Date returned to work (please circle):

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| M | T | W | T | F | S | S |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| M | T | W | T | F | S | S |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| M | T | W | T | F | S | S |

Total No. of working days absent

from work:

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

Date: Half Day? Y / N Date: Half Day? Y / N Date: Half Day? Y / N

Total No. of working hours absent

from work:

*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:**

**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:**

**Please record on the iTrent system via MSS:**

*I confirm I have logged this information onto the iTrent System.*

|  |  |  |
| --- | --- | --- |
| **Name:**  |  | **Signature:** |
| **Date recorded:**  |

**PLEASE SCAN A COPY TO :** human.resources@harlow.gov.uk

**Payroll: PAID LEAVE ACTIONED UNPAID LEAVE – deduction from pay actioned**

**Signature: Date:**

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