# The University of Huddersfield

**Request For Dependants’ Leave**

**Part one: (Request to be completed by employee)**

Name: School/Department: Dates(s) of Leave: Please note: Only the first day (or part-day) of leave is paid.

Please indicate below how any additional days leave are to be allocated:

|  |  |  |
| --- | --- | --- |
| Annual leaveFlexi-leave |  |  |
| UnpaidReason for Leave: |  (HR Use) | Pass to Senior HRO Copy letter to payroll |  |

Signed: Date:

**Part two: (Confirmation to be completed by manager)**

Date of paid Dependants’ Leave: Approval/Comments:

Name: Ext. Signed: Date:

|  |
| --- |
| **Part three: HR Use** |
| Total days in rolling 12 month period (no more than 6 occasions in previous 12 months)Logged by: Date:  |