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| **Decorative****Emergency Dependants Leave Form** |
| Emergency Dependants Leave is intended to provide an immediate, limited period of time off, for employees to deal with unexpected or sudden emergencies involving a dependant or to make necessary longer-term arrangements for this individual. The University will pay staff up to 5 days dependant leave in a 12-month period. Any additional dependants leave in the 12-month period will be unpaid. Completed forms should be returned to your manager who will forward it to the Human Resources department as soon as is reasonably practicable. This information will be kept confidentially, in accordance with the requirements of GDPR. |
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| **Section 1****(to be completed by the staff member)** |
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| **Please indicate the nature of your relationship with the dependant requiring your assistance by ticking the relevant box:** |
| Spouse / partner [ ]  |
| Child[ ]  |
| Parent [ ]  |
| Someone living with you as part of the family[ ]  |
| Another person who relies solely on you for help in an emergency [ ]  |
| **Please specify the nature of the emergency for which you need to take dependant’s leave:**  |
| **Please indicate how long you expect to need to deal with this emergency:**I expect to be away from work for       day(s) or       hours |
| **Full Name:**       |
| **Signed:** **Date:**  |
| **Section 2 (to be completed by the Manager)** |
| I agree that       day(s) or       hours absence under the Emergency Dependents Leave Policy is a reasonable amount of time off given the details provided in this form. This leave should be paid or unpaid **.** |
| **Signed:** **Date:**  |
| **Received by HR on: \_\_\_/\_\_\_/\_\_\_****Payroll informed on: \_\_\_/\_\_\_/\_\_\_** |

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| **Dependant Leave Record**  |
| Of the total 5 days paid dependant leave this agreed application represents: |
| **Days:****Or hours:** |
| **For the rolling 12 months the staff member has taken :****Paid****Unpaid** |