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| **Time off for Public Duties Form****Name:** |
| **Faculty/Service:** |
| **Date(s) leave to be taken (unpaid):** **From:** **To:** |
| **\*\*Reason for Leave:**  |
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| \*\* To cover the following:* Justices of the Peace
* Elected members of local authorities or police authorities
* Prison visitors
* Members of a statutory tribunal
* Members of a relevant health body
* School governors
* Members of the General Teaching Councils for England and Wales
* Members of the Environment Agency
* (This list is not exhaustive)
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| **By signing this form you are agreeing to a period of unpaid leave** |
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| **Number of Days Required:**  |
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| **Employee Signature:**  |
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| **Leave Approved by Dean of Faculty/ Head of Service:**  |
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| **Name:**  |
|  |
| **Signature:** **Date:**  |
|  |
| **Received by HR on:** **Payroll informed on:** |