



Request for leave

1. APPLICANT INFORMATION

FULL NAME:	
DEPARTMENT:	
ROLE:	
CAMPUS:	

2. LEAVE INFORMATION

LEAVE TYPE	START DATE	END DATE	TOTAL DAYS LEAVE
Annual leave			
Sick leave			
Bereavement leave			
Jury leave			
Unpaid leave			
Wellbeing Day			
Discretionary Covid			Up to 5 days discretionary leave only on approval by a member of SLT

3. AUTHORISATION *(your typed name/position here acts as approval/authorisation for leave)*

Requested by
(Signature of Applicant) Dated

Approved by
(Line Manager with delegated authority to approve) Dated

4. NEXT STEP

- **Non-Teaching Staff**
Once your manager has approved your leave, please email the form to Payroll@Saintkentigern.com and the Campus Operations Manager for processing.
- **Teaching Staff**
Once your manager has approved your leave, please email the form to Payroll@Saintkentigern.com and the Teacher in charge of Relief for processing.