**Human Resources**

**Special Leave Request Form**

*Please refer to the Special Leave Policy before completing this form and ensure that you have sought the necessary approval before submitting.*

***Incomplete forms will not be accepted; please ensure all sections are fully completed.***

*Return a completed copy electronically to* [*HR.Adviser@lse.ac.uk*](mailto:HR.Adviser@lse.ac.uk)*.*

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Employee Details (please enter the following details) | | | | | | | | | | |
| Title | Click here to enter text. | | **First name** | Click here to enter text. | | | | **Surname** | | Click here to enter text. |
| Payroll number | | Click here to enter text. | | | | | | **Post ID** | | Click here to enter text. |
| Job title | | Click here to enter text. | | | | | | | | |
| Job Family | | Choose an item. | | | | | | **DDCI** | | Click here to enter text. |
| Are you a Visa holder? | | | | No | | Yes, Tier 2 | | | | Yes, Tier 5 |
| Detail on Leave Request | | | | | | | | | | |
| Reason for leave | | Choose an item. | | | | | | | | |
| If other reason for leave, please specify | | | | | Click here to enter text. | | | | | |
| Please provide further information on purpose for which leave is sought | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | |
| Start Date of leave | | Click here to enter a date. | | | | | | | | |
| End date of leave | | Click here to enter a date. | | | | | | | | |
| Total number of days requested | | | | Click here to enter text. | | | | | | |
| Authorisation | | | | | | | | | | |
| Employee Signature | | Click here to enter text. | | | | | **Date** | | Click here to enter a date. | |
| Authorisors Name | | Click here to enter text. | | | | | **Job Title** | | Click here to enter text. | |
| Signature | | Click here to enter text. | | | | | **Date** | | Click here to enter a date. | |
| By signing this I confirm that I am authorised to make these changes/payments. | | | | | | | | | | |

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| **HR/Payroll Team office use only** |
| ***HR checklist*** |
| Visa status checked |
| If Tier 2 or 5 check with Compliance team before implementing |
| Create letter |
| Resourcelink input |
| **Completed by:** |
| **Name** Click here to enter text. **Date** Click here to enter a date. |
|  |
| ***Payroll Team checklist*** |
| **Completed by:** Click here to enter text. |
| **Name** Click here to enter text. **Date** Click here to enter a date. |