building a caring future
HOSPITAL | COMMUNITY | HOME

NHS
Northumbria Healthcare
NHS Foundation Trust

Special/Emergency Leave Request Form

Personal Details

Surname: _____ Forename: _____

Speciality: _____ Level: _____

Contract Type: **ST run through / CT / FTSTA / LAT / FTTA /ACF** (delete as appropriate)

Hospital: _____

Type of Special Leave:

	Please tick
Time off for a dependant	☐
Chronic/terminal illness	☐
Bereavement	☐
Domestic Emergency	☐
Other (state _____)	☐

Dates of Leave:

Paid
From: _____ To: _____

Total Days: _____ Total Hours _____

Unpaid
From: _____ To: _____

Total Days: _____ Total Hours _____

Employee's signature _____ Date _____

Manager's Signature: _____ Date: _____

This form must be forwarded to Lead Employer Trust for approval.