

**The Lead Employer Trust**  
**CIVIC/PUBLIC DUTY LEAVE REQUEST FORM**

Full Name: \_\_\_\_\_ Personal No: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Hours per week: \_\_\_\_\_  
Department: \_\_\_\_\_ Site: \_\_\_\_\_

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Type of Leave:

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Dates of Leave:

**Paid**

From: \_\_\_\_\_ To: \_\_\_\_\_  
Total Days: \_\_\_\_\_ Total Hours \_\_\_\_\_

**Unpaid**

From: \_\_\_\_\_ To: \_\_\_\_\_  
Total Days \_\_\_\_\_ Total Hours \_\_\_\_\_

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Employee's signature ..... Date .....

Manager's Signature: ..... Date: .....

Where periods of unpaid leave are being taken, a copy of this form must be sent to Payroll