Unpaid Leave / Unpaid Study Leave Request

Please refer to the [Special Leave Policy](https://www.imperial.ac.uk/media/imperial-college/administration-and-support-services/hr/public/policies/leave/Special-Leave--Update-090223-%28002%29-1.pdf) before completing this form.

How to apply:

* Staff Members: please discuss your leave request with your Line Manager before completing and emailing this form to them for approval.
* Line Managers: Forward a copy to your Departmental/Divisional Administrator for approval.
* Departmental Operating Managers/Administrators: once approved, send copy of this form to the Payroll Office at Payroll@imperial.ac.uk and to the HR Staff Hub.

Section A: Personal Details (to be completed by the member of Staff

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| CID: Click or tap here to enter text. | Title: Click or tap here to enter text. |
| Surname: Click or tap here to enter text. | First Name(s): Click or tap here to enter text. |
| Dept/Div/Sch/Inst: Click or tap here to enter text. | Section/Group: Click or tap here to enter text. |

Section B: Type of Leave (to be completed by the member of staff)

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| I wish to apply for: |
| Unpaid study leave [ ]  | Unpaid leave (not study leave) [ ]  |
| Date leave to start: | Click or tap to enter a date. |
| Date leave to end | Click or tap to enter a date.  |
| Is the leave more than 22 working days? | Yes [ ] No [ ] If no, Total number of unpaid working days/hours\*Click or tap here to enter text.\*For part-time staff working different hours each day please quote in hours. |

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| I confirm that:* I wish to apply for unpaid leave, as detailed in section B above
* I understand that this will result in an appropriate salary deduction
* If the unpaid leave is in excess of two weeks, I am aware that I should contact the Pensions Office to discuss pension implications
 |
| Employee’s name (typed): Click or tap here to enter text. |

Section C: Approval (to be completed by Line Manager and Department Operating Manager/Administrator)

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| **Line Manager’s declaration:**I confirm my support for the employee’s request as outlined above.Line Manager’s name (typed): Click or tap here to enter text. |
| **Department Operating Manager/Administrator’s approval:**I confirm my support for the employee’s request as outlined above.Department Operating Manager/Administrator’s name (typed): Click or tap here to enter text. |