

□ PERSONNEL DATABASE UPDATED

Time off for Dependants Form

Section A - Employee and Shift Details to be filled in by Shift Supervisor / Rota Team when a staff member rings to notify absence that is not sickness and is because of their dependants needs. NAME OF EMPLOYEE WHO IS ABSENT: Please fill in the details of the shift that that the member of staff can't fulfil. SHIFT TIMES: DATE OF SHIFT: DUTY: DATE OF SHIFT: SHIFT TIMES: DUTY: SHIFT TIMES: DATE OF SHIFT: DUTY: DATE OF SHIFT: SHIFT TIMES: DUTY: DATE OF SHIFT: SHIFT TIMES: DUTY: **DETAILS OF ABSENCE:** Please fill in the reason given by the member of staff for absence NAME OF EMPLOYEE RECEIVING THE NOTIFICATION: DATE & TIME : SIGNATURE: **Section B** – Employee Declaration DETAILS OF TIME OFF FOR DEPENDANTS: Please say briefly why you were unable to attend work Employee's signature: Date: **Employee Number:** Section C - Line Manager As Line Manager I confirm the dates of absence as notified above Name: Signature (Manager): Date: