

## COMPASSIONATE Leave Form

Section A – Employee Details					
Employee Name: Employ					ee No:
Reason:					
AUTHORISATION CAN ONLY BE GRANTED BY LINE MANAGER FOR COMPASSIONATE LEAVE REQUESTS  NOT TO BE SENT OUT TO EMPLOYEE					
Section B – Shift Details					Section C – Authorisation Line Manager ONLY
Shift Date	Shift Start time:	Shift Finish Time:	Hours	Location / Duty	YES / NO
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Total Hours Authorised as Special Leave				Name (Manager): Date:	
PERSON	INEL DATABASE	UPDATED		Signature:	
PAID  MANAGERS SIGNATURE					

UNPAID MANAGERS SIGNATURE