**Volunteering Application Form**

This form should only be used for volunteering leave requests. Four weeks’ notice is required for leave to be granted.

Name: …………………………………………………………….Empl. No: ………….………………………….

Line Manager: ………………………………………………………………………………………………………

Directorate/Faculty: ………………………………………………………………………………………………..

Annual Leave entitlement ………………………Days

**Volunteering Opportunity:**

|  |
| --- |
| Voluntary organisation: |
| Address/location of activity: |
| Range of duties: |
| Name of main contact: |
| Contact details: | Telephone:Mobile:Email |
| Contact address: |  |

I apply for a additional period of paid leave on the following dates:-

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I will be taking the following date(s) as annual leave

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed:.......................................................................................................…Date:.......................................

***\*Annual and additional leave with should be recorded on the employees leave card.***

Application for paid leave agreed by line manager:-

Signed:................................................................................Date:......................................

**THE ORGINAL COPY OF THIS FORM SHOULD BE FORWARDED TO THE DIRECTORATE OF HUMAN RESOURCES FOR ADMINISTRATION PURPOSES. A COPY SHOULD BE RETAINED BY THE FACULTY/DIRECTORATE**

**For HR Use Only:**

Approved by: …………………………………………………………..(Authorised Signatory)

Letter to Employee - Yes/No

System – Yes/No

Payroll - Yes/No