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| APPENDIX 2  |



SCHOOL OF HEALTH SCIENCES

# LEAVE OF ABSENCE FORM

Name (Please Print) ……………… ……………………………………………………………………………………………………

Degree Programme ………… ……………………………….. Year of study………………….

Reason for request for Leave of Absence (please tick relevant box):

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## Occupational Health Appointment Religious Observance

***Maternity Support (Paternity)*** ***Job Interviews***

***Funeral Hospital Appointment***

Dates of Absence From:…………………………… To:………………………………

Number of \* hours/days in total …………………………………………………….

Number of academic days …………… Number of practice days …………………

For practice days give clinical placement details and contact person:

Placement name …………………………………… Contact …………………………

Specific work I will miss due to absence (*where known*) …………………………….…………………………………………

…………………………………………………………………………………………………………………………………………………………….

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

**Staff Use Only:**

Following discussion with the above named student I *\*accept/ do not accept* the student’s reason for absence. Authorised absence is therefore *\*agreed/ denied*.

(Please write any comments as you feel necessary on the reverse of this form)

Head of Programme …………………………………… Date …………………………

**LEAVE OF ABSENCE FORM**

## TO THE STUDENT

1. Please make an appointment to see your Head of Programme **at least 5 working days prior to your request for authorised absence.**

1. Complete this form in preparation for your appointment.

1. This form should be returned to the Student Experience Programme Administrator immediately following authorisation by your Head of Programme, even if authorised absence has been denied.

*For any period of absence without formal approval or if leave of*  *absence has been denied and you are absent on the day(s) in question, this absence will be recorded in the normal way and may lead to action being taken.*

## TO THE HEAD OF PROGRAMME

1. Following discussion with student, please sign at the bottom of the front of this sheet and write any comments below, (i.e reason for non-agreement of request, etc).

1. Should authorised absence be agreed, the student will need to be informed of what he/she will need to do in respect of lectures missed or if on clinical placement/fieldwork, how to make up lost hours (please state action/advice below).

## TO THE STUDENT EXPERIENCE ADMINISTRATOR

1. Scan a copy of the form and place on student’s personal file

1. Record relevant information on student’s individual absence record.

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## Comments by Head of Programme

Request denied because: **………………………………………………………………..……………………………………………….**

**……………………………………………………………………………………………………………………………………………………….**

Request approved, student has been advised to: …………………………………………………………………………………

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