**DISABILITY LEAVE FORM**

*This form is to be used by members of staff who have previously completed the ‘Disability Self Identification Form’ and agreed an estimated annual total of days required for disability related absences with their Head of School/Service and HR Manager.*

**For Completion by member of staff**

|  |  |
| --- | --- |
| Name | School/Service |
| Number of disability leave days agreed in current year | Number of days already taken in current year |
| Number of days requested | Date(s) of Requested Absences |
| Reasons for current request |  |
| **Signed**…………………………………………… | **Date**………………………………………… |

**For Completion by Line Manager**

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| --- |
| Approved/Not Approved |
| If disability leave absence not approved, please give reasons |
| **Signature of Line Manager**………………………………………..  **Date**……………………………………………. |