Disability Leave Form

* Complete for all employees who make a request for Disability Leave
* All requests must be authorised by the relevant Senior Manager
* Please include any relevant evidence with this form
* Send the completed form to the Service Centre using the Service Centre Portal (<http://servicecentre.ccc>)

**Personal Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of employee:** |  | | |
| **Employee/payroll number:** |  | | |
| **Employee signature:** |  | **Date:** |  |
| **Name of manager:** |  | | |
| **Manager signature:** |  | **Date:** |  |
| **Team/unit:** |  | | |

**Section A – Unplanned Disability Leave**

I was on disability leave over the following period

|  |  |  |  |
| --- | --- | --- | --- |
| **Start Date/Time:** |  | | |
| **End Date/Time:** |  | | |
| **Employee Name:** |  | | |
| **Employee signature:** |  | **Date:** |  |
| **Name of manager:** |  | | |
| **Manager signature:** |  | **Date:** |  |

**Section B – Planned Disability Leave**

I will be on Disability leave over the following period

|  |  |  |  |
| --- | --- | --- | --- |
| **Start Date/Time:** |  | | |
| **End Date/Time:** |  | | |
| **Employee Name:** |  | | |
| **Employee signature:** |  | **Date:** |  |
| **Name of manager:** |  | | |
| **Manager signature:** |  | **Date:** |  |

**To be completed by the Senior Manager**

|  |  |  |  |
| --- | --- | --- | --- |
| **Post of the person requesting disability leave:** |  | | |
| **Will you be able to make internal arrangements to cover the post if appropriate:** |  | | |
| **If a replacement if required please give details:** |  | | |
| **What is your recommendation with regard to the request:** | **Date:** | | |
| **Any further comments:** |  | | |
| **Signature Senior Manager:** |  | **Date:** |  |