# PLEASE COMPLETE THE STUDY LEAVE REQUEST FORM AND RETURN TO YOUR TPD AS SOON AS POSSIBLE FOR CONSIDERATION OF YOUR REQUEST

**STUDY LEAVE REQUEST/SICKNESS FORM**

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| --- | --- |
| Name FD and scheme:- |  |
| Name TPD and scheme:- |  |
| Name ES and scheme:- |  |
| Title of study day:- |  |
| Date of study leave requested **(At least 6 weeks notice must be given)** |  |
| Number of sessions that would be missed AM/PM |  |
| How do you propose to replace the missed study day? |  |
|  |
| **NHSe staff use only** |  |
| **TPD to Date/sign and comment for study leave request:-****Has the FD given 6 weeks advance notice****Record?****Please notify the ES to complete a holiday request on ESR?** | Date:-Sign:-Add comments:-ES:-ES notified:- |
| **TPD to Date/sign and comment for FD sickness/non attendance on a study day:-****Please notify the ES to complete a sickness record on ESR?** | Date:-Sign:- ES:-ES notified:- |