

PLYMOUTH ARENA

LEAVE REQUEST

**ICONIC.
INDEPENDENT.
YOURS.**

Name	
Department	
Effective From Date	
Return to Work Date	

Reason for request and further details: i.e. Parental, Compassionate, Unpaid, Dependents, Other	
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Leave Taken to Date (Days)	
Requested Leave (Days)	

I have read and understood the policy and procedure regarding the leave I have requested

Employee	
Name	
Signature	
Date	

I give authorization for the employee mentioned to take leave on the dates requested above

Line Manager	
Name	
Signature	
Date	

Leave is Paid or Unpaid Please specify here	
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Admin	
Signature	
Date	