



Application Form for Shorter Working Year

Employees intending to take special unpaid leave should complete this application form and obtain approval from the Head of Unit/School. The complete application form must be submitted to Employee Relations, HR prior to the deadline as set in the call for applications.

Part 1 Applicant Details

Name: _____
Staff ID: _____ Contact No.: _____
Unit School: _____ Grade: _____

Part 2 Details of Leave

Periods of Leave:
Please note the minimum period of leave is two weeks with an overall maximum of 13 weeks per year which must be taken in weekly blocks of Monday to Friday inclusive.

Period 1 from Monday _____ to Friday _____ inclusive
Period 2 from Monday _____ to Friday _____ inclusive
Period 3 from Monday _____ to Friday _____ inclusive

Salary Arrangement:
 I request that my periods of unpaid leave be spread evenly over a 12 month period, and I will therefore not change my working arrangements or cancel my shorter working year scheme
OR
 I request that my periods of unpaid leave be taken unpaid during the periods outlined above

‘I HAVE READ AND ACCEPT THE TERMS & CONDITIONS OF THE SHORTER WORKING YEAR POLICY’

Signed: _____ Date: _____
Employee

*Signed: _____ Date: _____
Head of Unit/School **PRINT NAME**

***Please note there will be no replacement cover for staff who are granted unpaid leave under the SWY scheme. By signing you confirm that you approve this application on this understanding.**

Approved: _____ Date: _____
Employee Relations Manager