

RHONDDA CYNON TAF COUNCIL

LEAVE OF ABSENCE REQUEST (LOA)

Name of Applicant			
Section			
Service Area		Pay Nos	
Post Held			
Type of LOA Requested			
Date(s) on which LOA is required			
Reason for LOA application			
Employee Signature		Date:	
LOA granted on the date(s) and for the reason specified above.		YES * <input type="checkbox"/>	NO * <input type="checkbox"/>
If LOA request is granted with or without pay		WITH SALARY *	WITHOUT SALARY *
Signature:		Date:	
Director/Service Director/Head of Service/Manager * (provided power delegated under Council's Scheme of Delegation) (*) delete as appropriate			