**Application for Volunteering Leave**

Please read the Staff Volunteering Policy then complete the appropriate sections below and send this form to your Line Manager for consideration.

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| --- | --- | --- | --- |
| Applicant details | | | |
| Name | Name | Department/School | Department (be specific) |
| Date of Leave | Employment Start | Number of Day’s Leave requested (up to a maximum of two days per annum) | Title |

|  |  |
| --- | --- |
| Details of Application | |
| Voluntary Organisation Details: | |  |
| Address: | |  |
| Main Contact Number: | |  |
| Description of Activity: | |  |
| Description of benefit to the community: | |  |
| Description of benefit to member of staff: | |  |
| I acknowledge that it is my responsibility to satisfy myself, if undertaking volunteering which has not been arranged by the University, that the organisation with which I volunteer has adequate insurance cover for any claim that may be made against me or any injury resulting from my participation in the volunteer activity.  A risk assessment form is attached to this form | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature | | | |
| Employee signature |  | Date |  |

|  |  |
| --- | --- |
| Request Declined and brief rationale |  |
| Request Accepted and brief rationale |  |

|  |  |
| --- | --- |
| Authorisation | |
| HoD/S or Manager’s Name: |  |
| Date: |  |
| Signature: |  |