



Reserve Forces Leave of Absence Request Form

Your name	
Your payroll number	
Your national insurance number	
Your line manager's name	

I confirm that I am a Reservist for the armed forces and require time off for: Please tick as appropriate:		
Training (Annual camp)	From:	To:
Mobilisation into full military service	From:	To:
Other (Please provide details)	From:	To:

I elect to remain a member of the Local Government Pension Scheme (LGPS) during the period of leave: Yes/No

Signed:

Dated:

NOW PASS THIS FORM TO YOUR LINE MANAGER

Authorisation required:

Please delete as appropriate

- Request approved/not approved
- If approved (Please tick) - with pay without pay
(Please note - Employees are allowed up to 2 weeks leave with pay (pro-rata for part-time employees) to attend Annual Camp)

Manager signature:

Date:

Print Name:

Once completed this form should be scanned and emailed to hr.operations@southtyneside.gov.uk