FAMILY FRIENDLY RESEARCH & SCHOLARSHIP LEAVE REQUEST FORM

Information on this form should be typewritten.

Family Friendly Research & Scholarship Leave Request Form

This form should be submitted to your line manager/Head of Department at least three months before the Family Friendly Research & Scholarship Leave commences. Completed forms should then be emailed to Human Resources humanresources@strath.ac.uk.

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| 1. Personal details
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| Forename  |       | Surname |       | Title |  |
| Weekly Hours |       | Job Title |       | Department |       |
| Address1 |       | Address2 |       | Address3 |       |
| Town |       | Post Code |       | Current Service Start |       |
| 1. Request to take Family Friendly Research & Scholarship Leave

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| Requested Start date\*\* Please note that at least 3 months’ notice must be provided |  |
| End date\*\* Please note that a maximum of 3 months’ leave can be taken |  |

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I agree that I will:

* Complete Part 1 of the [Family Friendly Research & Scholarship Leave Statement](https://www.strath.ac.uk/media/ps/humanresources/policies/Family_Friendly_Research_%26_Scholarship_Leave_Statement.docx) and send to my line manager/Head of later than one month before the Family-Friendly Research & Scholarship Leave commences, with a signed copy subsequently being sent to HR; and
* Complete Part 2 of the [Family Friendly Research & Scholarship Leave Statement](https://www.strath.ac.uk/media/ps/humanresources/policies/Family_Friendly_Research_%26_Scholarship_Leave_Statement.docx) and send to my line manager/Head of Department no later than one month after the Family-Friendly Research & Scholarship Leave end, with a signed copy subsequently being sent to HR.

Please refer to the [Family Friendly Research Leave & Scholarship Policy](https://www.strath.ac.uk/media/ps/humanresources/policies/Family_Friendly_Research_%26_Scholarship_Leave_Policy.pdf) and [Guidance](https://www.strath.ac.uk/media/ps/humanresources/policies/Family_Friendly_Research_%26_Scholarship_Leave_Guidance.pdf) for further information.

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| **Signature of member of staff**: | **Date**: |
| **Signature of line manager / Head of Department**: | **Date**: |