# https://hswebstaff.york.ac.uk/docs/media/healthsciences/images/staff-intranet/marketing-logos/DoHS%20black300dpiweb.png

**COMPASSIONATE, SPECIAL & CARERS LEAVE REQUEST FORM**

**Guidance Notes for Students & Staff**

This form should be completed where possible with the student present and submitted to the Student & Academic Support Service, Department of Health Sciences. Please give as much information as possible on the form. Compassionate, Special or Carer’s leave can be authorized by the Personal Supervisor for up to **5 days only**. Anything exceeding 5 days (and less than 4 weeks) must be approved by the Programme Leader and evidence must be provided with this form. If the student is sponsored then their employer must be notified. Any longer absence during a term which will be counted towards completion of your degree programme requires the approval of University Special Cases Committee.

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| Current Student Details |
|  |
| Forename: |  | Surname: |  |
| Date of Birth: |  | Student Number: |  |
| Course Title: |  | Cohort: |  |
| Branch Nursing Only: |  |
|  |  |  |
| REASON AND DATES FOR LEAVE REQUEST |
|  |
| Please type reason for the request: |
| Date From: | Date To:  | Number of Days Required:  |
|

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| --- | --- | --- | --- |
| Student Signature |  | Date: |  |

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| AUTHORISATION |
| Absences of UP TO 5 days (Authorised by Supervisor): |
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| --- | --- | --- |
| Date From:      | Supervisor Name:  | Number of Days Required:       |

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| --- | --- | --- |
| Date From:      | Supervisor Signature:  | Number of Days Required:       |

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| --- | --- | --- |
| Date From:      | Date:  | Number of Days Required:       |

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| **Absences EXCEEDING 5 days (Authorised by Programme Leader Only & Evidence Required):** |
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| --- | --- | --- |
| Date From:      | Supervisor Name:       | Number of Days Required:       |

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| --- | --- | --- |
| Date From:      | Programme Leader Name:  | Number of Days Required:       |

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| --- | --- | --- |
| Date From:      | Date:       | Number of Days Required:       |

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| --- | --- | --- |
| Date From:      | Supervisor Name:       | Number of Days Required:       |

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| --- | --- | --- |
| Date From:      | Programme Leader Signature:  | Number of Days Required:       |

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| Date From:      | Date:       | Number of Days Required:       |

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| Date From:      | Supervisor Name:       | Number of Days Required:       |

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| --- | --- | --- |
| Date From:      | Date:  | Number of Days Required:       |

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|  |  |  |
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| Date From:      | Date:       | Number of Days Required:       |

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| Evidence: [ ]  Attached [ ]  To Follow  |
|  |