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| **APPLICATION TO REQUEST TIME OFF FOR TRAINING: APPLICATION FORM**  (An application under 63D Employment Rights Act 1996) |

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| **SECTION 1: TO BE COMPLETED BY EMPLOYEE** | |
| **Note to Employee**  You must submit this form to your line manager for a right to request time off for training. Before completing the form please read the **Right to Request Time Off for Training Policy and Procedure**, the **Guidelines for Employees** and relevant **Information Sheets**. It will help your manager to consider your request if you provide as much information as you can about your desired working arrangements.  You should submit your application at least eight weeks in advance of the date you wish your request to take effect in order to give the University appropriate time to consider your request.  You may contact your Human Resources Manager or the Director of POD for clarification or advice at any time | |
| **Name:** | **Department:** |
| **Job Title:** | **Section:** |
| **Employment Start Date:** | **Date of last Time Off for Training request:** |
| 1. **Describe the subject matter of the proposed training or study?** | |
| 1. **Where and when will the proposed training or study would take place?** | |
| 1. **Who will provide or supervise the training?** | |
| 1. **What is the duration of the training and what time off are you requesting?** | |
| 1. **What qualification (if any) will the training will lead to (if any)?** | |
| 1. **How will the proposed training improve your effectiveness in your role and performance of the University?** | |
| 1. **Other relevant information** | |

#### Employee’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

**Please pass this form to your line manager who will then arrange a meeting with you to discuss your application further.**

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| **SECTION 2: TO BE COMPLETED BY LINE MANAGER** | |
| **Note to the Line Manager**  Before completing this form please read the **Right to Request Time Off for Training Policy and Procedure**, the **Guidelines for Managers.**  You may contact your Human Resources Manager or the Director of POD for clarification or advice at any time. | |
| **Name:** | **Job Title:** |
| 1. **Please comment on the benefits that may be gained by agreeing to all or part of the time off for training request.** You should consider what opportunities will exist for the employee to utilise their learning at the University. | |
| 1. **Impact of the proposal** *(Please consider and answer the following questions in full)*   *What is the potential impact of agreeing to this request on the department and how might this be addressed?*  *What would the potential impact be on other members of the team be and how might this be addressed?*  *What would be the potential impact on the department’s customers be (e.g. Students, Staff) and how might this be addressed?* | |
| 1. **Please identify ways in which the problems detailed above may be overcome to enable the original request to be workable:** | |
| 1. **If you believe you cannot overcome the problems identified above but can suggest a compromise arrangement please give details:** | |
| 1. **What is your recommendation regarding this request:**   **yes/no Request approved**  **yes/no Request approved but with the following amendments** (eg,. if you decide that the training need can be met in a different way or alternative arrangements for taking the time off are agreed)   |  | | --- | | Amendments |   **yes/no Request declined for the following reasons**   |  | | --- | | Reasons | | |

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| 1. **If the request is agreed.** **How will the training time be taken?**   **yes/no Paid time off**  **yes/no Employee will work flexibly to make up the time spent training**   |  | | --- | | Please give details |   **yes/no Unpaid time off. Please specify details (eg. of reduced hours:)**     |  | | --- | | Please give details | |

#### Line Manager’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

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| **SECTION 3: HEAD OF DEPARTMENT AUTHORISATION** | |
| I have considered the request for time off for training and the comments made the employee and the line manager. I do/do not (delete as appropriate) approve the request. | |
| My reason/s for refusing the request are (tick box(es) and give a brief explanation below: | |
| * The proposed study or training to which the application, or the part in question, relates would not improve the member of staff’s effectiveness in the Department or the performance of the University |  |
| * Burden of additional costs |  |
| * Unable to reorganise work amongst existing staff |  |
| * Unable to recruit additional staff |  |
| * Detrimental impact on quality |  |
| * Detrimental impact on performance |  |
| * Planned structural changes |  |
| * Insufficient work during the periods the member of staff proposes to work |  |
| * Have a detrimental effect on the ability to meet customer demand. |  |
| **Reasons for refusing the request** | |
| **OR**  **The following arrangements have been agreed** | |

#### HoD signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Pleaseforward this formto HR Services at [hr-enquiries@york.ac.uk](mailto:hr-enquiries@york.ac.uk) with a contract variation form where appropriate.