**APPLICATION FOR FACILITY TIME/TIME OFF IN LIEU**

**FOR TRADE UNION DUTIES**

**Full Name and Job Title ..........................................................................................**

**Division and Department**

**This part must be completed in advance for all requests for time off work (or Representative duties outside working hours for which time off in lieu is being claimed) to undertake duties in your capacity as an elected Representative, including individual representation, meetings of the staff side or jointly with management etc. If, for any reason, a form cannot be completed in advance, you must obtain permission to leave work and the form must be completed as soon as possible.**

**Reason for Absence (including date and time of duties undertaken where the application is for time off in lieu)**

**Leave/time off in lieu requested from (date) .....................** **(time) ...............................**

**To (date) ................................**  **(time) ....................**

**No. of working hours/days**

**Signature of Representative**  **Date........................**

**Part C (For completion by Head of Department)**

**Time off/time off in lieu to undertake Trade Union duties is approved/not approved\* (Please delete as appropriate)**

**If approved, number of hours/days approved Paid/Unpaid\***

**Signed**  **Date**

**Designation**