

## **Training Course Special Leave Application Form**

Part 1 (to be completed by Applicant)				
Name:	Grade/	Grade/Rank:		
Payroll Number:	·			
Office Address:				
Postcode:				
Signature:		Da	Date:	
I wish to make application for special leave on the date(s) below to attend a Northern Ireland Public Service Alliance Course.				
Type of Course:		Date(s):		
/enue:		No. of Da	No. of Days:	
Part 2 (to be completed by Local Management)				
The above request for special leave has been considered and cleared at local level.				
Signed:	Rank:		Date:	
Part 3 (to be completed by Personnel Branch)				
Special leave has been granted for the NIPSA Meeting detailed above.				
Signature:				
Grade/Rank:			Date:	

Please advise applicant of decision about request for special leave.