

CAREER BREAK REQUEST FORM (HR-GEN-005-F)

Name of Employee: _____	Employee No.: _____
<u>I wish to apply to take a Career Break:</u>	<u>Reason for application</u>
Please (√)tick one	
Domestic Reasons <input type="checkbox"/>	Educational <input type="checkbox"/>
Foreign Travel <input type="checkbox"/>	Other <input type="checkbox"/>
Full Details	
Length of Career Break applied for: _____ Years	
Commencing:	
Day: _____	Month: _____ Year: _____
My Career Break will finish on:	
Day: _____	Month: _____ Year: _____

Signed: _____ Employee	Date: _____
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Recommended/Not Recommended: _____ <i>(Delete as appropriate)</i>	Date: _____
Head of Department	
Approved: _____	Date: _____
Head of HR & People Development/Director of Midwifery/Nursing	

Notification to Finance Department:	<input type="checkbox"/>
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**CAREER BREAK
RETURN TO WORK/ADDITIONAL LEAVE FORM**

I understand that there is no guarantee that I will return to the same position I held before the commencement of my career break. I understand that I could be offered a lower graded post, (with appropriate lower pay), until a suitable vacancy in the same grade arises.

An employee is guaranteed re-employment within 12 months of the termination of their Career Break, subject to a vacancy being available, however it may be in a different department to the

Recommended/Not Recommended: _____ **Date:** _____
(Delete as appropriate) **Head of Department**

Approved: _____ **Date:** _____
Head of HR & People Development
Directory of Midwifery/Nursing

Notification to Finance Department: