# Application for Trade Union facility time off form

Applications for Time Off in accordance with Agreement on Trade Union Facilities

Trade union recognition and facilities agreement link: [Trade union recognition and facilities agreement – Agreement overview - Lincolnshire County Council](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.lincolnshire.gov.uk%2Femployment-policies%2Ftrade-union-recognition-facilities-agreement%2F1&data=05%7C01%7CMia.O%27Shea%40lincolnshire.gov.uk%7C66cabfb9f35d489cd73208da242dcd73%7Cb4e05b92f8ce46b59b2499ba5c11e5e9%7C0%7C0%7C637862076372507821%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=COOzQDAA4qPw8Xw4VvYJlGKLM7IewqGWiSw%2FW7Uupm0%3D&reserved=0)

**Applicant details**

*To be completed by representative/official normally and, where possible, not less than 7 days before the first absence - or 28 days in the case of time off for significant amounts of training.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Full name | Click or tap here to enter text. |  | Resource ID | Click or tap here to enter text. |
|  |  |  |  |  |
| Establishment | Click or tap here to enter text. |  | Name of accredited Trade Union\* | GMB/Unison/Unite |
|  |  |  |  |  |
| Absence type\* | Duty/Activity |  | Union position of status | Click or tap here to enter text. |
|  |  |  |  | \*Select from drop down/delete as appropriate |

**Dates and time of anticipated absence from work**

*This section indicates anticipated need for time off for agreement in principle.*

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Inclusive start date |   | / |   | / |   |  | Inclusive start time |   | : |   |
|  | DD |  | MM |  | YYYY |  |  | HH |  | MM |
|  |  |  |  |  |
| Inclusive end date  |   | / |   | / |   |  | Inclusive end time |   | : |   |
|  | DD |  | MM |  | YYYY |  |  | HH |  | MM |
|  |  |  |  |  |  |  |  |  |  |  |
| Time taken off on the above date(s) is requested | with/without\* | pay.  |
|  |
| The above date/time is being requested outside core working hours and is noted to  |
| include/not include\* | flexi-time agreements to my working time.  |
|  | \*Select from drop down/delete as appropriate |

**Line Manager approval**

*To be completed by Line Manager and a copy returned to the applicant.*

|  |  |  |
| --- | --- | --- |
| The application for time off | is/is not\* | approved in principle.  |
|  |
| If approved, the time off is to be taken | with/without\* | pay. |
|  |
| If approved, the flexi time requested | will/will not\* | be included. |
| \*Select from drop down/delete as appropriate |
| **Time off approved and recorded on Business World:** |
| Signed | Click | Date | Click |

**Confirmation of actual time taken**

*To be completed by representative/official to confirm actual time off taken normally not more than 7 days after the absence.*

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Inclusive start date |   | / |   | / |   |  | Inclusive start time |   | : |   |
|  | DD |  | MM |  | YYYY |  |  | HH |  | MM |
|  |  |  |  |  |
| Inclusive end date  |   | / |   | / |   |  | Inclusive end time |   | : |   |
|  | DD |  | MM |  | YYYY |  |  | HH |  | MM |
|  |  |  |  |  |  |  |  |  |  |  |

**Line Manager approval**

*To be completed by Line Manager and a copy returned to the representative/official (the Manager will hold original for recording purposes).*

|  |  |  |
| --- | --- | --- |
| The application for time off | is/is not\* | approved in principle.  |
|  |
| If approved, the time off is to be taken | with/without\* | pay. |
|  |
| If approved, the flexi time requested | will/will not\* | be included. |
| \*Select from drop down/delete as appropriate |
| **Time off updated on Business World:** |
| Signed | Click | Date | Click |