

CAREER BREAK FORM

PERSONAL DETAILS		
Name:	Job title:	
Department:	Contact details:	
Line Manager:	Employment start date:	
Have you made a	If yes, date of	
previous request: yes/no	previous request:	
1 1 7		
DATE OF REQUEST		
Start Date:	End Date:	
Length of career break requested:		
REASON FOR REQUEST		
Caring responsibilities - childcare	Caring responsibilities – other	
To travel	Full-time study	
Disability or health	Return from family leave	
Pursue personal interests	Prepare for retirement	
Other		

PLEASE PROVIDE FORTHER DETAILS ON THE REA	ASON FOR TOUR	JAREER BREAR REQUEST.		
CONFIRMATION OF REQUEST				
EMPLOYEE SIGNATURE (insert JPEG of signature or sign):		Date:		
MANAGERIAL APPROVAL (TO BE COMPLETED BY REPORTING MANAGER / HEAD OF DEPARTMENT)				
APPROVED:	REJECTED:			
SUPPORTING COMMENTS:				
If approved – What is the confirmed start date of the arrangement:				
REASONS FOR REJECTION (TICK THAT APPLY)				
The burden of additional costs	An inability to reor	_		
An inability to recruit additional staff	A detrimental imp	act on quality		
A detrimental impact on performance	Detrimental effect	t the ability to meet		
Insufficient work for the periods the employee proposes to work	A planned structu	ral change		

REASONS FOR REJECTION	
If the original request has been rejected and an alternative arrangement has please detail below:	as been proposed,
(HEADS OF SCHOOL/DEPARTMENT ONLY) IF THE REQUEST IS FOR STAFF, WHAT WILL BE THE LIKELY IMPACT ON TEACHING PLANS FO	
SIGNATURE (insert JPEG of signature or sign):	
PRINT NAME:	Date:

Please notify the employee of the outcome as soon as possible and forward completed form to PEOPLE & CULTURE (staffing@essex.ac.uk) who will confirm the decision formally.

POLICY CREATOR: PEOPLE AND CULTURE essex.ac.uk/human-resources/work-life-balance

Created: March 2024

Next Review Date: March 2027