****

# **SPECIAL LEAVE REQUEST FORM** for UKRI-funded PhD students

The UKRI Training Grant Terms and Conditions have been updated on 03/11/2022 and now includes a special leave to support students requiring short-term time off for emergencies and/or compassionate leave. This provides for paid and unpaid leave, dependent on the individual circumstances. Below are some examples of situations and the financial support which can be requested.

**This is not exhaustive, and discretion is given to the training grant holder to determine whether the nature of the circumstance warrants paid leave.**

|  |  |
| --- | --- |
| Situation | Paid leave provision |
| Any emergency situation reasonably necessitating the student’s presence at home. | 5 days (maximum) |
| Serious illness/injury involving a student’s dependant, requiring immediate emergency medical attention or short-term care at home when the student is the only person who can provide such care  | 5 days (maximum) |
| Bereavement for a dependant and/or close relative or close friend, including attending the funeral | 5 days (maximum) |
| Death of a child under 18 | 10 days (minimum) |

If special paid leave is granted, this will be added at the end of the studentship and will extend the funding accordingly. However, the submission deadline will not be changed unless the total leave is more than 28 days (in this case, an Interruption of study must be processed as well as this form).

Please inform your academic supervisor of any period of absence.

**This completed form should be returned to** e4dtp.support@ed.ac.uk

|  |  |  |  |
| --- | --- | --- | --- |
| Surname |  | University UUN |  |
| Forename |  | Year of study |  |
| University Email |  | Primary supervisor |  |
| Enter a brief description of the situation and reason for submitting this form (the box will expand) |
|  |
| Number of days required for time-off |  |
| Start date |  | End date |  |
| Number of paid special leave days required |  |
| Are you requesting an Interruption of Studies? (only for leave over 28 days) | YES / NO |
| Notes *(optional)* |
|  |