|  |  |
| --- | --- |
| ....................................................................  (first and last name) | Lublin, on .............................. |
| ...................................................................  (residence address) |  |
| ...................................................................  (job position, organisational unit) |  |
|  | |  |  | | --- | --- | | **HR and Payroll Centre**  **Human Resources Bureau** |  | |

**Request for Special Leave**

Under § 15 of the Regulation of the Minister of Labour and Social Policy   
of 15 May 1996 on the method of justifying absence from work and granting leave to employees (consolidated text of Journal of Laws of 2014, item 1632, as amended), I request special leave in the period from ............. to .............. of one day/two days\* due to:

− my wedding, marriage certificate no. ......................

− birth of my child, birth certificate no. .....................

− my child's wedding, marriage certificate no. ..........................

− death and funeral of my sister/brother/mother-in-law/father-in-law/grandmother/grandfather/other person\*\*: ................

death certificate no. .................... being my dependent/under my direct care\*.

− death and funeral of my spouse/child/father/mother/stepfather/stepmother\*\*,

death certificate no. .................

……………………………………… (date and signature of the employee)

……………………………………….

(signature of the Head of Division/Department)

……………………………………….

(signature of the Director/Dean)

\*Delete as appropriate.

\*\*Underline as appropriate.