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| **CSCS Leave Handover FORM** |  | Name: …………………………………  Date Leave Starts: [Select Date]  Date Leave Ends: [Select Date] |  |

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| **CHECKLIST** | | | |
| Leave approved. Yes/No?  Approved By? |  | Will you be contactable by phone or Email Yes/No? If Yes contact details. |  |
| Out of office Phone message activated Yes/No?  Phone diverted Yes/No?  To whom? |  | Out of office Email message activated Yes/No? |  |
| Outlook meeting calendar checked and meetings declined or forwarded to delegated person/s Yes/No? |  | Delegated responsibilities to key person/persons Yes/No?  If Yes Whom are they and what are there contact details? |  |
| Have the delegated persons agreed to the additional responsibilities, is there a higher duties allowance applicable? |  | Email notification sent to all stakeholders re - out of office including listed names of delegated new contacts Yes/No? |  |
| List Key Responsibilities and whom is responsible: | | | |
| **Responsibility 1:**  **Person Responsible:**  **Organised Yes/No?** | **Responsibility 2:**  **Person Responsible:**  **Organised Yes/No?** | **Responsibility 3:**  **Person Responsible:**  **Organised Yes/No?** | **Responsibility 4:**  **Person Responsible:**  **Organised Yes/No?** |
| **Responsibility 5:**  **Person Responsible:**  **Organised Yes/No?** | **Responsibility 6:**  **Person Responsible:**  **Organised Yes/No?** | **Responsibility 7:**  **Person Responsible:**  **Organised Yes/No?** | **Responsibility 8:**  **Person Responsible:**  **Organised Yes/No?** |

Sign: Date: