**ANNUAL LEAVE REQUEST FORM**

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| --- |
|  |
| Name (in full) |       |  |
| The following time off work is requested |
| From |       | To |       |  |
|  |
| Date of return to work |       |  |
|  |
| Tick the appropriate reason for the request |
| Annual holiday | [ ]  |  | Special leave | [ ]  |  | Jury service | [ ]  |  |
|  |
| Bereavement leave | [ ]  |  | Maternity leave | [ ]  |  | Urgent family leave | [ ]  |  |
|  |
| Doctor/clinic appointment | [ ]  |  |
|  |
| To be completed when absence was not approved in advance |
| I was absent on (dates) |       |  |
|  |
| for the following reasons |       |  |
|  |
| Reason why prior approval was not sought |       |  |
|  |
|  |
| Leave entitlement before request |  | Leave entitlement after request |  |  |
| Employee’s signature |  | Date |       |  |
|  |
| Authorisation signature |  |  |
|  |
| Manager’s signature |  |  |
|  |
|  | With pay**[ ]**  | Without pay [ ]  |  |
|  |

Please send completed request form to your Line Manager for authorisation.

The Company operates a holiday booking procedure and all requests for holiday should be made using this procedure. Holiday requests must be authorised by management; therefore, it is not advisable to make any firm arrangements, eg flights/hotels before authorisation is obtained.

You may not normally take more than two working weeks consecutively. In exceptional circumstances you may be permitted to take annual holiday in excess of two weeks at the sole discretion of management.

You should give notice of your intention to take time off work as per the advised period below. Holiday dates will normally be allocated on a "first come, first served" basis while ensuring that operational efficiency and appropriate staffing levels are maintained throughout the year.

|  |  |
| --- | --- |
| **Duration of Holiday** | **Notice Period** |
| a week or more | 30 Days |
| odd single days | 7 Days |