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| **Record of Annual Leave** |
| Applications for leave of 1 working week and over must be made not less than 2 working weeks prior to commencement of leave.Note: This form will be held by a designated officer in your department and should be returned to that officer when leave has been granted. | **Name**: ………………………………….........................**Assignment Number**: ………………………................. |
| **Annual Leave Entitlement** |
| The basic Annual Leave entitlement in a full year based on a five day week amounts to: .……… daysNHS **Continuous** Service Start Date: ……………………….. NHSBT Start Date: ……..……………......Standard Notional Day (if applicable).................................... |
| **Previous service****5 yrs** - Date reached \_\_\_\_\_\_\_\_\_\_\_\_\_ = \_\_\_\_\_\_\_ hours/days extra this leave year pro rata  Onwards = \_\_\_\_\_\_\_ hours/days extra**10 yrs** - Date reached \_\_\_\_\_\_\_\_\_\_\_\_ = \_\_\_\_\_\_\_ hours/days extra this leave year pro rata Onwards = \_\_\_\_\_\_\_ hours/days extra | **Leave Year** | **Amount** | **Carried****Over** | **Bank Hols****(where appropriate)** | **Total Amount** |
| 20.…../.… |  |  |  |  |
| 20.…../.… |  |  |  |  |
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| 20.…../.… |  |  |  |  |
| **Period of Leave Requested** |
| **From****(First working day)** | **To****(Last working day)** | **Number of hours /days** | **Balance of leave left** | **Approved by** |
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| **From****(First working day)** | **To****(Last working day)** | **Number of hours /days** | **Balance of leave left** | **Approved by** |
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Please complete the following section for members of staff leaving the service and then send to your local HR Office to be filed on the personal file

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| A/L**Entitlement in a full year** | **Completed months Service in the current leave year** | **Any carry over from previous leave year** | **Days / hours taken up until leaving date** | **Number of days / hours to pay/deduct\*****(Please indicate)** |
| **÷12 =** | **X =** | **+ =** | **-** | **=** |