

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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: .……… days  NHS **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.…../.… | | |  | |  | |  |  |
| 20.…../.… | | |  | |  | |  |  |
| 20.…../.… | | |  | |  | |  |  |
| 20.…../.… | | |  | |  | |  |  |
| **Period of Leave Requested** | | | | | | | | | | |
| **From**  **(First working day)** | **To**  **(Last working day)** | | **Number of hours /days** | | | **Balance of leave left** | | **Approved by** | | |
|  |  | |  | | |  | |  | | |
|  |  | |  | | |  | |  | | |
|  |  | |  | | |  | |  | | |
|  |  | |  | | |  | |  | | |
|  |  | |  | | |  | |  | | |
| **From**  **(First working day)** | **To**  **(Last working day)** | | **Number of hours /days** | | | **Balance of leave left** | | **Approved by** | | |
|  |  | |  | | |  | |  | | |
|  |  | |  | | |  | |  | | |
|  |  | |  | | |  | |  | | |
|  |  | |  | | |  | |  | | |
|  |  | |  | | |  | |  | | |
|  |  | |  | | |  | |  | | |
|  |  | |  | | |  | |  | | |
|  |  | |  | | |  | |  | | |
|  |  | |  | | |  | |  | | |
|  |  | |  | | |  | |  | | |
|  |  | |  | | |  | |  | | |
|  |  | |  | | |  | |  | | |
|  |  | |  | | |  | |  | | |
|  |  | |  | | |  | |  | | |
|  |  | |  | | |  | |  | | |
|  |  | |  | | |  | |  | | |
|  |  | |  | | |  | |  | | |
|  |  | |  | | |  | |  | | |
|  |  | |  | | |  | |  | | |
|  |  | |  | | |  | |  | | |
|  |  | |  | | |  | |  | | |
|  |  | |  | | |  | |  | | |
|  |  | |  | | |  | |  | | |
|  |  | |  | | |  | |  | | |
|  |  | |  | | |  | |  | | |
|  |  | |  | | |  | |  | | |
|  |  | |  | | |  | |  | | |
|  |  | |  | | |  | |  | | |

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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 =** | **+ =** | **-** | **=** |