



APPENDIX 4 – ANNUAL LEAVE GUIDANCE APPLICATION FOR PURCHASE OF ANNUAL LEAVE

LEAVE YEAR FROM: TO: 31st March

			nual Leave. Salary will be adjusted
over the remainder of	of the leave year to enable	staff to spread the financia	ıl impact.
Last Name		Ward/Department	
First Name		Directorate	
Assignment		Site	
Number			
Normal hours of			
work			
Number of			
additional Annual			
Leave Hours			
requested			
Any additional Information requested or provided:-			
Normal pattern of	Days / Shifts / Nights*	(* p	lease delete)
work:	, s		,
Signed:		Date:	
LINE MANAGER'S APPROVAL			
Application Approved YES / NO* (*please delete)			
If more than 1 week is being approved do you confirm that the additional annual leave purchased will not			
incur NHSP, agency or any other premium rate backfill expenditure. YES / NO*			
(*please delete)			
If not approved, plea	ise give reasons:		
Signature		Date	
		i	
Name in block capi	tals	Designation	

Approved applications should be forwarded to Workforce Information, HR Department, First Floor, Kings Court, WRH email: wah-tr.workforceinformation@nhs.net

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