



APPENDIX 8a – ANNUAL LEAVE GUIDANCE

ANNUAL LEAVE CARRY OVER REQUEST FORM (if the carry-over is in connection with a sickness absence – please complete the separate form – APPENDIX 8b)

Any approved forms MUST be submitted to workforce by 31st May at the very latest. Forms submitted after this date will not be processed

PERSONAL DETAILS:

Name: [please print]
Job Title: [please print]
Department/Ward: [please print]
Division: [please print]
Assignment Number: Contracted hours: per week

LEAVE REQUESTED:

To carry over for up to 1 working week's annual leave: Hours\*

\*working week' is 37.5 hours for full time staff, pro-rata for part-time staff.
\*\*medical colleagues it is 40 hours, pro rata for part time staff

Colleagues must take their minimum statutory annual leave entitlement in any leave year of 20 days plus bank holidays (pro rata) when carrying over and/or selling annual leave.

SIGNATURE OF APPLICANT:

Signed: Date: / /

FOR COMPLETION BY YOUR LINE MANAGER

Date Request Submitted: / /

Name: [please print]
Job Title: [please print]
Contact Number: [please print]

Signed: Date: / /

(Once all required approvals given, Line manager to ensure a completed signed copy of the form is placed on the individual's personal file and sent to the Workforce Information Team to update ESR via wah-tr.WorkforceInformation@nhs.net)