

**APPENDIX 8b – ANNUAL LEAVE GUIDANCE**

**ANNUAL LEAVE CARRY OVER REQUEST FORM – resulting from long term sickness  
absence (please complete the separate form if the carry over request is not in  
connection with a sickness absence)**

Colleagues are reminded that only Statutory Annual Leave (a maximum of 20 days' pro rata - minus any annual leave already taken), can be carried over into the following leave year due to sickness.

**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: \_\_\_\_\_ Hours\*

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

*\*\* Medical colleagues is 40 hours, pro rata for part time*

.....  
**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 HR Advisory Team for final checks and to update ESR via [wah-tr.henquiries@nhs.net](mailto:wah-tr.henquiries@nhs.net) )*