

LEAVE APPLICATION REQUEST FORM

NAME SIGNATURE

DEPARTMENT DATE REQUEST SUBMITTED

LEAVE FROM: **UNTIL:**inclusive

- | | |
|---------------------------------|-------------------|
| 1. Annual leave | hours/days/nights |
| 2. Public holiday/lieu day(s)* | hours/days/nights |
| 3. Other leave – please specify | hours/days/nights |

Total **hours/days/nights leave taken**

Please read & complete the following:

Are you travelling abroad? YES/NO (Delete as necessary).

If yes, to which country/countries

Are you taking a flight within the United Kingdom? YES/No

Approved By (signature)..... Print Name

HR/Payroll use: Total Leave taken: Leave to credit:

Recorded on absence card (HR)

☐

Signature