**Public Health Wales**

**Annual Leave Request Form**

Name

Job Title

Team

Base

Financial Year

Number of year’s service

Annual leave entitlement (days/hours)

(a)

Authorised carry over (days/hours)

(b)

Statutory bank holiday entitlement (hours) (c)

(To be calculated for part-time or full time staff working a non standard shift pattern only)

Total leave entitlement (days/hours) (d)

(d = a + b + c)

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| **Date of**  **Request** | **First day of Leave (date)** | **Last day of Leave (date)** | **No. of days/hours**  **requested** | **No. of days/hours remaining** | **Employee signature** | **Approved by** | **Reason if request is not approved** |
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| Carried over from page 1 | | | |  |  | |  |
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