

Annual Leave Request Form

Name:							
Period: From	Day	Month	Year	To	Day	Month	Year
If absence if for part of a day, beginning at				am/pm to			am/pm
Working day return date:					Day	Month	Year
Number of working days on leave							
Reasons for absence (tick/state which applies)							
Annual holiday							
Jury/witness service							
Territorial Army							
Family responsibilities							
Death of near relative							
Hospital attendance							
Appointment for doctor, clinic, optician, dentist, other (specify below)							
Other (specify)							
To be completed when absence was not approved in advance							
I was absent on (dates):							
For the following reason:							
Reason why prior approval was not sought:							
Request to be signed by employee below:							
Employee's signature:							
Date:							
Authorisation for time off:							
With pay, according to entitlement:							
Without pay:							
Manager's signature:				Date:			