

**Appendix B: Annual Leave Form** (For use when less than three weeks annual leave is requested)

**Annual Leave Request Form for Medical Staff**

**A. Summary**

Name				
Dates of annual leave	From		To	
Number of leave days requested		Leave balance		
Date form completed				

**B. Activities which will be affected**

**Week 1**

	Mon	Tues	Weds	Thurs	Fri	Sat	Sun
<b>Date*</b>							
AM*							
Cover?**							
PM*							
Cover?**							
On Call*							
Cover?**							

**Week 2**

	Mon	Tues	Weds	Thurs	Fri	Sat	Sun
<b>Date*</b>							
AM*							
Cover?**							
PM*							
Cover?**							
On Call*							
Cover?**							

\* The doctor requesting leave should enter clinic code, theatre or admin for each day of planned leave

\*\* The timetabling team are responsible for completing these boxes with the initials of the doctor covering activity or CANCEL or REDUCE if activity is to be cancelled or reduced

**C. Resource implications (To be completed by Timetabling Team)**

NAMES OF OTHER STAFF ON LEAVE AT SAME TIME?	
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**OUTCOME** (Circle as appropriate)

<b>Approved</b>	<b>Declined</b>	<b>Deferred to lead clinician/clinical director</b>
<b>Authorising Signature</b> (Clinical Director/Lead Clinician and/or directorate general management)		