Holiday / Annual Leave Request

Manager: Date:   
  
Surname: Name:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| I would like to take the following days as leave:   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | From: Day: |  | Date: |  | Month: |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | To: Day: |  | Date: |  | Month: |  |  |  |  | | --- | --- | | TOTAL DAYS REQUESTED |  | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | APPROVED: | |  | | --- | |  | | REJECTED: | |  | | --- | |  | |  | |

|  |  |
| --- | --- |
| Supervisor's Signature: | Date: |

|  |
| --- |
| Reason: |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Annual Leave Entitlement   |  | | --- | |  | |  | No. of days taken   |  | | --- | |  | |  | No. of days remaining   |  | | --- | |  | |

**NOT VALID UNLESS APPROVED BY A SUPERVISOR**Solution Care 247 Ltd. Telephone: 01536 402708