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