ANNUAL LEAVE RECORD FORM FULL-TIME STAFF

LEAVE YEAR: 01 OCTOBER 20 /30 SEPTEMBER 20

Annual Leave entitlement: 25 Days

Full-Time Staff are also entitled to time off work on 6 College Closure days each year, and to the 8 Public Holidays. There is no need to record these days off on this record form.

NAME:						
SCHOOL/DEPARTMENT:						
ANNUAL LEA	VE ENTITLEMEN		DAYS			
NO. DAYS CARRIED FORWARD FROM PREVIOUS YEAR						
Date of First Day of Leave	Date of Last Day of Leave	No of Days Requested	No of Days Remaining	Authorised by		
CARRY FORWARD (overleaf)						

ANNUAL LEAVE RECORD FORM

Date of First Day of Leave	Date of Last Day of Leave	No of Days Requested	No of Days Remaining	Authorised by

No. Days carried forward to the next leave	
year (5 days maximum)	

If the member of staff is leaving:

The section below should be completed on termination of employment and sent to Human Resources as soon as possible.

Leave outstanding to be paid in lieu:	Days
Signature of Line Manager:	
Print Name:	