Urgent Care 24

Annual Leave Booking Form

Name		**Location**	
Date of Request			

If you are requesting:

- **Annual Leave**
- **Lieu Entitlement**
- **Birthday**

You must complete **Section A** and have the form authorised by your Head of Department in **Section B**

In accordance with the Annual Leave Procedure, you asked, wherever possible, to give one month's notice of your annual leave requests. You must not take it for granted that this leave has been authorised until this form has been returned to you.

Section A **Section B**

Type of Request Please state : Annual Leave Lieu Birthday	**Date**	**Shift Start time:**	**Shift Finish Time:**	**Hours**	**Authorised by** *To be Authorised by Head of Department*	**Date Authorised**

Statement by Employee

I confirm that the information I have supplied is correct, and if I am requesting annual leave I confirm that I have sufficient leave entitlement to allow me to make this request.

Signature _____ Date _____