

CityTrust Healthcare

3 Weavers Way, Alfreton, Derbyshire DE55 2FZ
07715 278 957

Form Name: Annual Leave Request

Ref No: HCA - 006

Before filling in this form, please work out the exact time you wish to take off work.

The dates you write down should be inclusive of weekends, normal workdays and non working days.

Name:

Date:

Leave Request	
I wish to take the following dates as "leave":	
The first day of my leave will be: / /
The last day of my leave will be: / /
This means that the total number of days requested is: Days
The type of leave that I am asking for is: (Annual, Toil, Bank Holiday)
Signature: Staff Member	

Your request for Annual Leave has been:	APPROVED	DECLINED
If your request is declined, the reason is:		

For office use:

Amount of leave taken this year (including this request)

..... Days

Amount of Leave remaining to be taken

..... Days

CityTrust Healthcare

3 Weavers Way, Alfreton, Derbyshire DE55 2FZ
07715 278 957

Form Name: Annual Leave Request

Ref No: HCA - 006

Signed:

Date:.....