|  |  |
| --- | --- |
|  | **Employee to complete** |
| Name  |  |
| Department |  |
| Leave year  |  |
| Reason for request |  |
| Employee signature | I would like to purchase \_\_\_\_\_\_\_ hours (max 35) additional annual leave for the holiday year above.I understand that this will result in a reduction in my salary for the relevant leave year and I give my consent for these deductions to be made, including any payments that may need to be recovered in the event that I overtake my leave entitlement.Signed: Date: |

|  |  |
| --- | --- |
|  | **Manager to complete** |
| Has the application been: | Approved/Declined\*\*Delete as necessary |
| Please provide your reason if the application has been declined |  |
| Line Managers signature | Signed: Date:Print:  |
| Date application submitted to HR |  |

|  |  |
| --- | --- |
|  | **PED to complete** |
| Confirmed in writing | Signed: Date: |
| Holiday added to iTrent | Signed: Date: |