



CARRY OVER LEAVE REQUEST FORM

It is important for staff to take leave for rest and recuperation reasons. Carrying over leave into the next leave year is not contractual or automatic.

Leave not exceeding one working week may be carried forward at the discretion of the appropriate Section Head nominated by the Director/Head of Service.

Leave in excess of one working week for a particular and identified purpose may only be approved by the Head of Service in consultation with Human Resources.

Employee Name:			Section/Direc	ctorate:			
Hours worked a week:			Annual Leave Entitlement	e			
Current Leave year							
Start Date:			End Date:				
Please choose:							
\Box I have requested the equivalent of one working week or less to be carried over. \Box I have requested more than the equivalent of one working week to be carried over.							
Request for:			Day(s) Hours(s)	(0	delete as appropriate)		
to be carried into my new leave year beginning:							
Reason for Request:							
\Box Due to service demands I was unable to take all of my Annual Leave this year.							
\Box I have a specific reason why I would like to carry my leave over, as stated below:							
Signed (Employee)	:			Date:			
Signed (Section He	ead):			Date:			



If the request is for more than one working week, the Head of Service must discuss this request with HR before giving approval.

Discussed with:	Date Discussed:	

Application **approved/not approved**

If not approved, please state the reasons:

Signed (Head of Service) :	Date:	

Head of Service to send signed one copy of this form to HR so that it can be added to the employee's personal record and one copy to the Business Support so that they can update the employee's Tensor record/leave card.