

ANNUAL LEAVE RECORD FORM ACADEMIC STAFF

LEAVE YEAR: 01 OCTOBER 20 /30 SEPTEMBER 20

Annual Leave entitlement : 25 Days or 175 hours (full-time)*
 If Part-time: F.T.E x 175 = Total Annual Leave hours*

NAME:			
SCHOOL/DEPARTMENT:			
ANNUAL LEAVE ENTITLEMENT:		DAYS/HOURS	
DAYS/HOURS CARRIED FORWARD FROM PREVIOUS YEAR			
Date of First Day of Leave	Date of Last Day of Leave	No of Days/Hours Requested	No of Days/Hours Remaining
CARRY FORWARD (overleaf)			

* Academic Staff are not required to record or account for College Closure Days or Public Holidays as it is assumed these are taken in the course of their own flexible working patterns.

ANNUAL LEAVE RECORD FORM – ACADEMIC STAFF

Date of First Day of Leave	Date of Last Day of Leave	No of Days/Hours Requested	No of Days/Hours Remaining
I confirm that this is a record of the leave I have taken during the vacation periods of this leave year.		Signed:	

At the end of the leave year (30 September), or at the date of leaving the College's employment if this is sooner, this form should be forwarded to your Dean of Faculty for sign off and retention on your file.

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For Dean of Faculty at end of each leave year (30 September)

Signature of Dean:	
Print Name:	

If member of Academic 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 Dean:	
Print Name:	