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|  | **Application for purchasing additional annual leave to be taken**  **between 1 January to 31 December of each leave year.** |

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| Section 1: to be completed by the employee: | | | |
| **Name:** |  | **Payroll number:** |  |
| **Job title:** |  | | |
| **Department/ Institute:** |  | | |
| **Hours worked per week:** |  | | |
| **Line Manager:** |  | | |
| **Are you on a Tier 2 or Tier 5 visa? (YES/NO)** |  | | |

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| **How much annual leave would you like to purchase?**  N.B The employee may request up to a maximum of 5 days per annum (pro-rata for part-time employees). | **Days:** | |  | **Hours:** |  |
| **Please indicate how you would like to pay for the additional annual leave:** | **Lump sum** | |  | **A deduction from your salary over a maximum period of 6 consecutive months.** |  |
| **Declaration**  I agree for deductions to be made from my salary in 6 monthly instalments for the total cost of my additional annual leave.  I also understand that, if I leave the university, any outstanding balance will be recovered/ refunded as appropriate against my final salary.  **Please forward this form to the appropriate Head of Department or Faculty Manager for the consideration of your request.** | | | | | |
| **Employee signature:** | |  | | | |
| **Date:** | |  | | | |

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| Section 2: To be completed by the appropriate Head of Department or Faculty Manager. | | |
| **Request granted in full.** | |  |
| **Request granted in part (please provide details in the box below).** | |  |
| **Request declined (Please provide details in the box below).** | |  |
|  | | |
| **Signature:** |  | |
| **Name:** |  | |
| **Date:** |  | |