



Employee Name: \_\_\_\_\_

Staff ID No:

Discipline/School/Unit: \_\_\_\_\_

**Annual Leave:**

A/L Entitlement for 2015

+ A/L Carried Forward

Approved to be carried forward by \_\_\_\_\_ Date \_\_\_\_\_  
Line Manager

= Total A/L Available

(Up to 5 days may be carried forward by prior agreement with your line manager)

Start Date	No. of Days	Balance available	Signed/Approved by Line Manager	Date Approved

Start Date	No. of Days	Balance available	Signed/Approved by Line Manager	Date Approved

**Sick Leave;** A maximum of 7 days in a rolling two year period may be taken as non certified sick leave. All sick leave absences greater than this must be certified.

Date From	Date To	No. of Days	Cert.	Non-Cert.	Reason given	Signed/Approved by Line Manager	Date

**Force Majeure, Compassionate & Paternity Leave;** See the relevant policies on the HR section of the University Website for details.

Date From	Date To	No. of Days	Type of Leave & Relevant Details	Signed/Approved by Line Manager	Date