



Employee Name: _____

Staff ID No:

--	--	--	--	--	--

Discipline/School/Unit: _____

Annual Leave:

A/L Entitlement for 2019

+ 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