

ANNUAL LEAVE REQUEST FORM

Employee Information:

Full Name: _____

Employee ID: _____

Department: _____

Job Title: _____

Annual Leave Details:

Leave Start Date: _____ **Leave End Date:** _____

Total Leave Days: _____

Type of Leave Requested:

- Annual Leave
- Compassionate Leave
- Sick Leave (if authorized)
- Maternity/Paternity Leave
- Other (please specify): _____

Reason for Leave (if applicable):

Employee Declaration:

I hereby certify that the information provided in this form is true and complete to the best of my knowledge. I understand that approval of this leave request is subject to the company's policies and operational requirements. I agree to comply with all terms and conditions relating to the granted leave.

Manager Approval:

Approved: Yes No
Manager's Name: _____

Signature: _____

HR Use Only:

Leave Balance Before Approval: _____ Days

Leave Balance After Approval: _____ Days

Comments:

This Annual Leave Request Form is subject to the terms and conditions of the Employment Rights Act 1996 and all applicable UK employment laws and regulations. Approval of leave is at the discretion of the employer and subject to business needs. Employees must ensure leave is requested with reasonable notice and understand that falsification of information may lead to disciplinary action.

EMPLOYEE SIGNATURE

MANAGER SIGNATURE

HR REPRESENTATIVE SIGNATURE

Signature: _____ Signature: _____ Signature: _____

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