LEAVE REQUEST 2021/2022

NHS Education for Scotland

Employee Name **Manager Name**

Carry		PH Entitlement			
AL		PH Entitlement		TOTAL without PH	

Date of Request	From	To	Days / Hrs Requested	Employee Signature	Approver Signature	Date Approved	Balance

FLEXI LEAVE

Date of Request	Date of Leave	Days / Hrs Requested	EMPLOYEE'S SIGNATURE	APPROVERS SIGNATURE	Date Approved

Time off in lieu

Date of Request	Date of Leave	Days / Hrs Requested	EMPLOYEE'S SIGNATURE	APPROVERS SIGNATURE	Date Approved