



CARRY OVER OF ANNUAL LEAVE REQUEST FORM

To submit a request to carry over annual leave into the following annual leave year, please complete this form and give it to your line manager for approval at least 4 weeks prior to the end of the annual leave year.

Employee Details

Name:

Team:

Request Details

Total annual leave entitlement:

Annual leave taken at the time of the request:

Number of days requested to carry over:

Please set out the reason for your request:

I understand that, if the request is granted, I must use the days carried over **no later than 30 June**.

I recognise that any decision to allow the carry over of unused annual leave from one holiday year to the next is entirely at the Museum's discretion.

Signed:

Date:

To be completed by line manager

Request granted (please tick):

Request denied (please tick):

If denied please provide a reason:

Signed:

Date:

To be completed by People & Culture

Approved by:

Signed:

Date:

Please provide a copy of the completed form to the employee.