

Carry Over of Annual Leave Application Form – HR 108 (r)

In exceptional circumstances due to service requirements, annual leave may be carried forward into the first six months of the next annual leave year, provided the employee agrees to defer his/her leave.

Please complete in Block Capitals/Tick appropriate boxes.

To be completed by the employee									
Surname:	First Name:								
Grade:	Personnel No:								
Location:	PPS No:								
In accordance with the provisions of the HSE Terms and Conditions of Employment (Revised) 2009.I hereby notify my employer that I intend to carry over Annual Leave.									
Number of days carried over		Number of hours carried over							
Reason for the carry over of annual leave:									
Signature:	Date:								
To be completed by the Line Manager									
I have checked the relevant supporting documentation required for the leave requested and confirm that the leave required complies with the terms outlined in the relevant HR policy									
Application Approved					Yes <input type="checkbox"/> No <input type="checkbox"/>				
Signature:	Date:								
Name:	Grade:								
Contact Phone No:	Mobile No:								
Email Address:									
To be completed by Human Resources Personnel Administration									
System updated by:	Name:								
Contact Phone No:	Date:								
Comments:									
Circulation List									
1	2								
3	4								
5	6								
7	8								