# Appendix 3 Request to Carry Forward Annual Leave

Name…………………………………………….. Job title…………………………………..

Date of application…………………………..

Number of days you wish to carry forward:………………………………………………..

*A maximum of five days (pro rata for part time staff) may be carried forward*

Reason for application (please include any reasons for this request, such as special circumstances during the next annual leave year requiring extra leave and any restrictions on taking outstanding leave during the current leave year)

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Signed (Applicant): …………………………………………………………………………….

**Application forms must be submitted to your line manager by 1st March.**

For completion by Line Manager:

Your request to carry forward …………… days leave is / is not\* approved

\* *(please state reason)*…………………………………………………………………………………………

……………………………………………………………………………………………………

……………………………………………………………………………………………………

Signed ………………………………..Print name……………..………….…Date………………

(Line manager)