**Request to Purchase Additional Days Leave**

|  |  |
| --- | --- |
| Name |  |
| Payroll ID |  |
| Faculty |  |
| School |  |
| Section / Division (if applicable) |  |

|  |  |
| --- | --- |
| Number of Days/Hours Requested | days / hours[[1]](#footnote-1) |
| *NB: If you work full time regular hours over a normal 5 days working week, please enter the number of days requested.* *If you work part time or work full time over irregular days please indicate the total number of hours required to ensure the correct amount to be deducted is calculated.* |
| Days/Hours per month to deduct | days / hours1 |
| *NB: Deductions should be in whole or half days or whole hours* |
| Month Deductions should preferably commence |  |
| *NB: Please be aware that setting up requests for additional leave are subject to the university’s payroll deadlines. If a request misses the requested payroll run it will be set up to commence from the following month.* |
| Annual leave year that additional leave will be taken in | October 201 to September 201  |

Please sign below and ask your line manager to sign and confirm they support your request

|  |  |
| --- | --- |
| Signed: |  |
|  |  |
| Name: |  |
|  |  |
| Date:  |  |

Dear Line Manager, Please sign below to confirm you support the request for additional leave.

|  |  |
| --- | --- |
| Line Managers Signature: |  |
|  |  |
| Please Print your Name: |  |
|  |  |
| Date:  |  |

Please pass the completed form to your Faculty/School business support or HR team who will ensure your request is actioned.

1. Delete as appropriate [↑](#footnote-ref-1)