

**APPLICATION FOR ANNUAL LEAVE**

*This form must be used for all annual leave requests.*

|  |  |
| --- | --- |
| **Date** |  |
| **Name** |  |
| **Date from** |  |
| **Date to** |  |
| **Number of annual leave days requested** |  |

**All requests for leave should be submitted two weeks in advance**

|  |  |
| --- | --- |
| **Employee Signature:** |  |
| **Date:**  |  |

|  |  |
| --- | --- |
| **Manager Signature:** |  |
| **Date:**  |  |

**Please email your signed form to****Yvonne.stokes@pharmed-group.com**