



## TITLE: Annual Leave Procedure for Medical Staff

<b>Document Category:</b>	PEOPLE DIRECTORATE		
<b>Document Type:</b>	PROCEDURE		
<b>Keywords:</b>			
<b>Version:</b>	<b>Issue Date:</b>	<b>Review Date:</b>	
Version 3	1 <sup>st</sup> August 2024	31 <sup>st</sup> July 2025	
<b>Supersedes:</b>	Leave Guidance Document for all staff		
<b>Approved by (committee/group):</b>	Joint Local Negotiating Committee (jLNC)	<b>Date Approved:</b>	18th July 2024
<b>Scope/ Target Audience:</b> <small>(delete as applicable and/ or describe)</small>	All Medical Staff		
<b>Evidence Base/ References:</b>	Terms and Conditions – Consultants (England) 2003 Terms and Conditions of Service for Associate Specialists England (2008) Terms and Conditions of Service Specialist (England) April 2021 Terms and Conditions of Service for Specialty Doctors England (2008) Terms and Conditions of Service Specialty Doctor (England) April 2021 Junior Doctors contract 2016		
<b>Lead Division:</b>	Corporate Division		
<b>Lead Specialty/ Department:</b> <small>(Or Division if 'divisionally' owned)</small>	People Directorate		
<b>Lead Author:</b> <small>(position/ role and name)</small>	Head of Medical Workforce		
<b>Co-Author(s):</b> <small>(position/ role and name if applicable)</small>	Not Applicable		
<b>Sponsor (position/ role):</b>	Director of People		
<i>Name the documents here or record not applicable</i>			
<i>(these are documents which are usually developed or reviewed/ amended at the same time – i.e. a family of documents)</i>			
Associated Policy	Not applicable		
Associated Guideline(s)	Annual Leave Guidance for Medical Staff		
Associated Pathway(s)	Not applicable		
Associated Standard Operating Procedure(s)	Not applicable		
Other associated documents e.g. documentation/ forms	Not applicable		
<b>Consultation Undertaken:</b>	Consultation undertaken with the Joint Local Negotiating Committee		
<b>Template control:</b>	v2.0 September 2023		

**Amendments from previous version(s)**

<b>Version</b>	<b>Issue Date</b>	<b>Section(s) involved</b> (author to record section number/ page)	<b>Amendment</b> (author to summarise)
1	07/2020	Whole document	Terminology update
2	09/2022	Leave Entitlements	Included the leave entitlements for the new Specialty Doctor Contract and the Specialist Contract
3	08/2024	Leave Entitlements Appendices	Included tables to make it easier to see the entitlements Added appendix 1

**CONTENTS**

	<b>Description</b>	<b>Page</b>
1	INTRODUCTION/ BACKGROUND	2
2	AIMS/ OBJECTIVES/ PURPOSE (including Related Trust Documents)	3
3	ROLES AND RESPONSIBILITIES	3
4	PROCEDURE DETAILS (including flowcharts)	7
5	EDUCATION AND TRAINING	11
6	MONITORING COMPLIANCE AND EFFECTIVENESS	11
7	EQUALITY IMPACT ASSESSMENT	12
8	APPENDICES Appendix 1 – Template for the local rules governing the booking of annual Leave	14
	Appendix 2 – Application for the Carry Over of Annual Leave	15

**1 INTRODUCTION/ BACKGROUND**

This procedure sets out the Trust leave rules, general principles and responsibilities for all Medical and Dental Trust staff in line with the provisions set out in the Terms and Conditions of Service NHS Medical and Dental Staff and details how leave should be booked and authorised.

Sherwood Forest Hospitals NHS Foundation Trust recognises annual leave is an important part of an employee's work-life balance and is committed to ensuring all employees can take their contractual annual leave in full during the relevant leave year period. Good management of annual leave by the employee and the manager is essential to the health and safety of the employee and patients.

The right to request and take annual leave at any particular time is to be balanced against the needs of the service and patient safety.

The timing of annual leave needs to be carefully planned to ensure continuity and efficient delivery of inpatient and outpatient care and will only be authorised if there is an adequate level of staffing for the service in question. Service Directors and Heads of Service must ensure there are sufficient numbers of medical staff at all grades, including that of Consultant, to maintain the effective review and management of patients; minimising the necessity to rearrange both clinics and theatre lists.

This procedure will be supported by the annual leave guidance for Medical staff. The guidance document will provide further detail in relation to the planning and calculation of annual leave and bank holiday arrangements.

## 2 AIMS/ OBJECTIVES/ PURPOSE (including Related Trust Documents)

The aim of this procedure is to provide a consistent, efficient and equitable approach to the calculation, management and application of leave for all Medical and Dental staff employed at the Trust, allowing due choice in the selection of leave, together with the effective utilisation of resources, whilst ensuring clinical safety at all times.

Operationalization of the procedure should ensure the leave requirements of medical staff are accommodated whilst meeting the needs of the service, through the job planning process, ensuring adequate levels of staff with minimal use of locum doctors and preventing disruption to patient care and achievement of Trust objectives.

The aim is for employees to take their full entitlement each year other than in exceptional circumstances or where there is a contractual right.

Any deliberate attempt to falsify or circumnavigate the requirements of this procedure will be investigated under Maintaining High Professional Standards.

### Definitions

Trust	Sherwood Forest Hospitals NHS Foundation Trust
Employees	All medical and dental staff employed by the Trust including those managed by a third-party organisation on behalf of the Trust
Manager	Line Manager or Clinical Manager with managerial responsibilities for employees. Generally Head of Service/Service Director.
Leave Coordinator	Designated person to whom leave requests are submitted
Public Holidays	English General Bank/Public Holidays
Annual Leave	Yearly leave entitlement calculated on aggregated length of service
Leave	Annual Leave entitlement and Public Holiday Entitlement

### Related Trust Documents

- Leave Guidance for Medical Staff

## **3 ROLES AND RESPONSIBILITIES**

Managers and employees must comply with their responsibilities as detailed below.

### **3.1 People Directorate Responsibilities**

- The Medical Workforce Team will verify the reckonable service from the employee transfer form or Inter Authority Transfer. If it is not possible to verify this service, a member of the team will inform the employee they must provide documentary evidence for the period of employment, to include start and end dates. Where satisfactory evidence cannot be provided the extra allowance will not be granted. This evidence can usually be obtained from previous contracts of employment, offer letters etc.
- Confirm the leave entitlement for new employees on appointment, using the Leave Calculators, inserting the total in the employment contract.
- The Medical Workforce team will ensure new employees are made aware of the Leave Procedure at induction.
- The Medical Workforce Team will arrange for annual leave entitlements to be amended where there is a change of contracted hours, generally following a job plan change or where reckonable service milestones have been met and ensure these changes are communicated to the member of staff.

### **3.2 Head of Service/Service Director Responsibilities**

- Heads of Service and Service Directors must ensure there are sufficient numbers of medical staff at all grades, including that of Consultant, to maintain the effective review and management of patients; preventing pre-booked clinics being cancelled within 6 weeks of the date of the clinic and minimising the necessity to rearrange both clinics and theatre lists.
- Ensure medical staff are provided with sufficient opportunities to take their annual leave entitlement within their current leave year.
- Write and publish agreed local operational arrangements on taking annual leave. These will contain rules governing the booking of annual leave in the specialty e.g. How many staff can be on leave at any one time. A template to assist with this can be found at Appendix 1.
- Responsible for the calculation, consistent application and management of all leave for staff within their specialty, to ensure where possible all leave is used before the end of the leave year.
- As part of the team Job Planning process, facilitate a team discussion regarding leave preferences over peak holiday periods, to ensure equity and team working. Other meetings may also take place to discuss the leave requirements within the Specialty.
- As far as practicable ensure authorised leave does not require cover with additional hours, overtime or locum cover.
- Ensure safe and effective levels of service are maintained when leave is taken.
- Agree or reject leave within 14 calendar days of the request.
- Ensure all annual leave is appropriately recorded through the Employee (Medic) online system (EOL/MOL) or equivalent.
- Ensure this procedure is applied fairly, consistently and equitably, whilst patient safety and service quality is maintained. With the support of the Medical Workforce Team, ensure that annual leave entitlements are amended where there is a change of contracted hours or reckonable service milestones have been met and arrange for these changes to be communicated to the member of staff.

- Monitor and discuss leave with employees to support health and well-being; ideally leave should be taken proportionately during the leave year.
- Deal with short notice leave requests sensitively and appropriately on an individual basis, ensuring it does not affect service delivery and the cost implications are minimal.
- Ensure any request for carry-over of leave is made by the employee using appendix 2. See section 4.2 for further detail about the carry-over of annual leave.
- Where possible, honour any leave that may have been booked by new starters prior to their accepting employment at the Trust.
- Where possible ensure leave for medical staff on a fixed term contract is taken at regular intervals within the contract period.
- Ensure employees on rotational programmes take leave proportionate to each placement.
- Take into account the needs of the service, Working Time Regulations, Health and Safety requirements and equity and fairness within the department when considering whether to authorise/reject written requests made at least 3 months in advance for Leave of 3 weeks or more in one block.

### **3.3 Leave Coordinators responsibilities**

The leave coordinator can be the Head of Service/Service Director, or a nominated individual within the service e.g. Business Manager within the service line /department. They are responsible for: -

- Checking that the requested leave complies with the specialty leave parameters.
- Consulting with any other relevant parties such as Rota Coordinator/Leave Administrator.
- Process requests for leave, ensuring they are approved/rejected within 14 calendar days of receipt.

### **3.4 Rota Co-ordinator/Leave Administrator Responsibilities**

- Input and maintain annual leave on the EOL/MOL system, ensuring the annual leave request is in line with the agreed specialty leave parameters.
- Where applicable, check with the Leave Co-ordinator to ensure the leave application will not result in too many medical staff being off at any one time.
- Escalate to the Leave Co-ordinator / Business Manager where there are concerns regarding clinics, theatre lists etc. being adequately covered.
- Ensure all employees are on the EOL/MOL system and raise any queries or concerns regarding leave entitlements with the Medical Workforce Team.

### **3.5 Senior Medical Staff Responsibilities (Consultants and SAS Doctors)**

- Submit leave applications at least 6 weeks prior to the leave commencement date, to the Head of Service/Service Director or Clinical Chair where appropriate.
- Ensure satisfactory cover arrangements are in place and have been discussed with the Head of Service/Service Director identifying the colleague(s) who will take over full responsibility for any ongoing inpatient's care, ensuring all relevant parties are informed.
- Provide cover for colleagues subject to the terms and conditions of service, as identified above within the appropriate clinical team, i.e. a group of consultants with appropriate clinical interests.

- Contribute to the development, agreement and sharing of local leave arrangements for the specialty.
- Adhere to the agreed leave parameters for the specialty.
- Working days with non-direct clinical care commitments form part of contracted hours and time taken on such days must be booked as annual leave. **Non-direct clinical care commitments must never be used as a way to extend annual leave periods.**

### 3.6 Responsibilities of all Medical Staff

- To be aware of the Annual Leave Procedure, their responsibilities and the booking procedure.
- To plan and use all leave entitlement within the leave year, at regular intervals throughout the leave year to facilitate a rest and break from work.
- Any annual leave not taken within the relevant leave year may not be routinely carried over into the subsequent year. However, subject to the exigencies of the service, up to 5 days annual leave may be carried forward on application to the Clinical Chair (*General Whitley Council, Section 12:1:12, still extant for Medical Staff*). This request must be submitted using the Authorisation of Carry Over of Leave Form in Appendix 2.
- Ideally to take leave proportionately during the leave year.
- To comply with the agreed departmental operating procedure for booking annual leave.
- Submit requests for leave with a minimum of six weeks' notice.
- Participate in discussion with colleagues regarding leave requests and preferences during peak holiday periods to ensure equity and teamwork. Understand there will be popular periods in the year e.g. July to September, Christmas, Easter, and other school holidays where it may not be possible to authorise leave due to service provision.
- If responsible for arranging cover for leave, work with the Head of Service/Service Director to ensure service continuity is maintained.
- Not commit to any holiday plans until leave has been authorised.
- Submit requests for a block of leave of 3 weeks or more in writing to the Head of Service/Service Director at least 3 months in advance stating the reason for the request. It is recognised that in some instances this may not be possible, therefore notice of less than 3 months will be considered on individual merit and service requirement.
- If returning late from leave, notify the Head of Service/Service Director as soon as possible. Failure to do this will result in the absence being deemed unauthorised and pay will be stopped.
- To complete and submit Authorisation of Carry Over of Leave Form if requesting carry-over of leave. See Appendix 2.
- Provide evidence of previous NHS service to the Medical Workforce Team if requested.
- Ensure leave entitlements are re-calculated to reflect any changes to contracted hours. Where leave is taken that individuals are not entitled to, this could constitute fraud and will be formally investigated.
- Inform the Head of Service/Service Director when there is an increase in reckonable service entitlement.
- To notify the Head of Service/Service Director as soon as possible where it becomes apparent it is difficult to take annual leave.
- **Working days with non-direct clinical care commitments form part of contracted hours and time taken on such days must be booked as annual leave. Supporting Professional Activities or other non-direct clinical care commitments must never be used as a way to extend the annual leave period.**

## 4 PROCEDURE DETAILS (including Flowcharts)

### 4.1.1 Leave rules and General Principles

- Subject to the exigencies of the Service as described in section 4.1.2 below, all annual leave must be used before the end of the leave year. Leave parameters for the specialty will be agreed and must be adhered to.
- Annual leave requests must be submitted to the Head of Service / Service Director, following the procedure set out for the relevant specialty, a minimum of six weeks prior to the planned commencement of leave.
- The annual leave request must be approved or rejected within a period of 14 calendar days.
- Working days with non-direct clinical care commitments form part of contracted hours and time taken on such days **must** be counted as annual leave.
- Leave should be planned throughout the year to enable a regular rest from work.
- Requests to take three or more than three consecutive weeks will be subjected to review by the relevant Service Director/Head of Service who will consider the service requirements, equity and fairness within the department before deciding whether to authorise or reject the request for a period of extended leave.

### 4.1.2 Carry Over of Leave

- All leave must be taken within the leave year; any annual leave not taken within the relevant leave year may not be routinely carried over into the subsequent year. However, subject to the exigencies of the service, up to 5 days annual leave may be carried over. (*General Whitley Council, Section 12:1:12, still extant for Medical Staff*). Pro-rata for part-time staff.
- Application for carry-over of leave must be formally submitted on the *Application for the carry-over of leave form* (Appendix 2). Carry-over will be agreed provided the carry-over is requested due to exigencies of the service. If carry-over is not applied for the leave will be forfeited.
- Head of Service/Service Director must ensure authorised carried over leave is recorded on EOL/MOL, or equivalent, and used before the annual leave entitlement for the next year.
- Leave is accrued during maternity, adoption and paternity/partner leave. For further information see the Maternity and Adoption Guidance or the Partner/Paternity Leave Guidance.

### 4.1.3 Sickness Absence and Leave

- If an employee falls sick whilst on Annual Leave they must follow the sickness notification process in the Trust Sickness Absence and Wellbeing Policy Guidance. A self-certificate may cover days 1 to 7 of the period of sickness, however a medical fit note is required for subsequent days. A fit note is required prior to the leave balance being adjusted.
- If an employee who is absent due to sickness has pre-booked annual leave and plans to go away, this must be discussed with the Head of Service/Service Director and will be counted as annual leave, as the employee is unavailable to meet with the employer.

#### 4.1.4 Short Notice Leave

- Subject to suitable alternative arrangements having been made, Consultants may take up to two days of their annual leave without seeking formal permission, provided that they give notification beforehand (Schedule 18, Section A Terms and Conditions Consultants (England) 2003).

#### 4.1.5 Leaving the Trust

- Employees who leave the Trust will receive 1/12th of their leave entitlement for each completed calendar month worked in the current leave year, less any leave taken.
- Employees will normally be allowed to use outstanding leave during their notice period. However, the Trust reserves the right to refuse these requests where service delivery will be compromised.
- Payment in lieu of outstanding leave will only be made in exceptional circumstances i.e. where it has not been possible for the employee to take remaining leave due to the requirements of the service.
- Where leave taken exceeds the leave entitlement, a deduction will be made from the employee's final salary payment.

#### 4.1.6 Leave during periods of exclusion

- An individual excluded under the Handling Concerns Procedure for Medical and Dental Staff may take annual leave but should first seek agreement from their Head of Service/Service Director via the nominated point of contact.

### 4.2 PUBLIC HOLIDAYS

A Public Holiday is defined as a period of 24 hours from midnight to midnight.

The Trust recognises the following Public Holidays:

New Year's Day	Spring Public Holiday
Good Friday	Late Summer Holiday
Easter Monday	Christmas Day
May Day	Boxing Day

### 4.3 LEAVE ENTITLEMENTS

All the leave entitlements are based on full time (40 hours for consultant staff) contracts. Part time staff are entitled to the same annual leave entitlement on a pro-rata basis. Leave entitlements are in line with the agreed National Terms and Conditions of Service.

For Medical Staff other than Junior Doctors, leave entitlements commence on the date of commencement in post. However, staff appointed on or after 1<sup>st</sup> November 2023 this has been changed to the financial year from 1<sup>st</sup> April to 31<sup>st</sup> March.

The current leave entitlements are as follows: -



### 4.3.1 Junior Doctors Annual Leave Entitlements

The following practitioners shall be entitled to annual leave with full pay at the rate of 5 weeks plus 2 statutory days a year:

- Foundation Year 1 and Year 2 Junior Doctors at 1<sup>st</sup> or 2<sup>nd</sup> incremental points on their pay scale (years 1-3)
- Core Trainees or Specialty Trainees at the 1<sup>st</sup> or 2<sup>nd</sup> incremental points on their pay scale (years 1-3)

The following practitioners shall be entitled to annual leave with full pay at the rate of 6 weeks plus 2 statutory days a year:

- Core Trainees or Specialty Trainees on their 3<sup>rd</sup> incremental point on their pay scale (year 4 onwards)

Leave entitlement for flexible trainees will be on a pro rata basis.

The leave year for junior doctors will commence in August each year. For details on the specific dates that it commences, please see the contract of employment.

Where junior doctors in training rotate between Specialties as part of their training programme, all annual leave for the time within a given specialty must be taken prior to rotating out of that specialty. Should this not be possible due to extenuating circumstances, this should be discussed with the Head of Service/Service Director for the specialty that the junior doctor is rotating to as soon as possible and a minimum of eight weeks before the individual rotates into that department, due to the national code of practice required for issuing rotas.

Junior doctors must submit their leave requests using the EOL/MOL system, these requests will then be reviewed by the department leave coordinator and authorised or rejected within 14 calendar days.

### 4.3.2 Specialists, Associate Specialists and Specialty Doctors Annual Leave Entitlements

Grade	Entitlement
<b>Associate Specialist - Old Contract pre 2008 and 2008 contracts.</b>	32 days
7 years or more completed service in the grade	34 days *
<b>Specialty Doctor (2008)</b>	
Up to 2 years completed service in the grade	27 days
Over 2 years' service in the grade	32 days
7 years or more completed service in the grade	34 days *

<b>SAS (Specialty Doctor &amp; Specialist on the New Contract from 1<sup>st</sup> April 2021)</b>	
Up to 2 year completed service in the grade where the doctor has not previously worked in the Specialty Doctor Grade or equivalent	27 days
Over 2 years' service in the grade	32 days
7 years or more completed service in the grade	34 days*

\*denotes an additional day to the contractual entitlement awarded by the Trust.

### 4.3.3 Consultants Annual Leave Entitlements

Consultants are entitled to Annual Leave at the following rates per year, exclusive of public holidays but inclusive of extra statutory days:

<b>Consultants Annual Leave entitlement</b> <i>Based on service in the Consultant Grade</i>	
<b>Up to seven years</b>	<b>Seven years and over</b>
6 weeks plus 2 statutory days	<u>If appointed after 1 April 1996:</u> 6 weeks plus 2 days and 2 statutory days
	<u>If employed as of 31 March 1996:</u> 6 weeks plus 2 days and 3 statutory days

The leave year runs from the anniversary date of the Consultant's appointment, or it may be adjusted to a common start date in force in that employment. No detriment to the Consultant will arise from the leave year adjustment.

Part time Consultants are entitled to the same annual leave as a whole time equivalent on a pro rata basis.

The entitlement to 8 public holidays is in addition to the annual leave entitlement. Members of staff who are required to work on a public holiday are entitled to a day in lieu, except if the public holidays fall on a weekend and are re-designated to the Monday or Monday and Tuesday, whereby a maximum of 2 lieu days can be given as there are only 2 public holidays. Further information in relation to bank holidays can be found in the annual leave guidance document for Medical staff.

## 4.4 CONSULTATION AND APPROVAL

Consultation of this procedure has taken place through the Medical Local Negotiating Committee

Authorisation of leave will be made as follows:-

Employee	Authoriser
Executive Medical Director	Chief Executive/Head of Service/Service Director
Clinical Chair	Chief Operating Officer
Head of Service / Service Director	Clinical Chair
Medical Staff	Head of Service/Service Director dependent on Divisional structure

## 5 EDUCATION AND TRAINING

Medical staff will be made aware of the Annual leave procedure for Medical staff and the associated guidance on commencement in post. Any procedural changes will be agreed with the LNC and communicated to Medical Managers and Medical staff. With the implementation of new systems such as EOL training will be given to practitioners as they move onto the new system. Ongoing support will be provided to Medical Managers with the management of annual leave.

## 6 MONITORING COMPLIANCE AND EFFECTIVENESS

Compliance with the procedure will be monitored on a 6 monthly basis by the Medical Workforce Team in conjunction with the Rota Coordination team.

An electronic version of this document is stored on the Trust's Intranet site in the Medical Workforce and People sections under Policies and Procedures.

## 7 EQUALITY IMPACT ASSESSMENT (please complete all sections of form)

- [Guidance on how to complete an Equality Impact Assessment](#)
- [Sample completed form](#)

Name of service/policy/procedure being reviewed:			
New or existing service/policy/procedure:			
Date of Assessment:			
<i>For the service/policy/procedure and its implementation answer the questions a – c below against each characteristic (if relevant consider breaking the policy or implementation down into areas)</i>			
Protected Characteristic	a) Using data and supporting information, what issues, needs or barriers could the protected characteristic groups' experience? For example, are there any known health inequality or access issues to consider?	b) What is already in place in the policy or its implementation to address any inequalities or barriers to access including under representation at clinics, screening?	c) Please state any barriers that still need to be addressed and any proposed actions to eliminate inequality

The area of policy or its implementation being assessed:

Race and Ethnicity:	none	Guidance is in place to support the application of the procedure	none
Gender:	none	Guidance is in place to support the application of the procedure	none
Age:	none	Guidance is in place to support the application of the procedure	none
Religion / Belief:	none	Guidance is in place to support the application of the procedure	none
Disability:	none	Guidance is in place to support the application of the procedure	none
Sexuality:	none	Guidance is in place to support the application of the procedure	none
Pregnancy and Maternity:	none	Guidance is in place to support the application of the procedure	none
Gender Reassignment:	none	Guidance is in place to support the application of the procedure	none
Marriage and Civil Partnership:	none	Guidance is in place to support the application of the procedure	none
Socio-Economic Factors (i.e. living in a poorer neighbourhood / social deprivation):	none	Guidance is in place to support the application of the procedure	none

What consultation with protected characteristic groups including patient groups have you carried out?

- Discussions have taken place with the LNC and the doctors themselves.

What data or information did you use in support of this EqIA?

- Terms and conditions of service for all medical staff

As far as you are aware are there any Human Rights issues be taken into account such as arising from surveys, questionnaires, comments, concerns, complaints or compliments?

- No

Level of impact

From the information provided above and following EqIA guidance document please indicate the perceived level of impact:

Low Level of Impact

For high or medium levels of impact, please forward a copy of this form to the HR Secretaries for inclusion at the next Diversity and Inclusivity meeting.

Name of Responsible Person undertaking this assessment:

Signature: Rebecca Freeman

Date: 15/06/24

**8 APPENDICES**

## **Appendix 1**

### **Sample Service Leave Arrangements**

#### **General**

Full details of the general rules regarding annual leave are set out in the annual leave procedure for Medical Staff. Please note that you must not take leave that has not been authorised as set out below and you must ensure as far as practicable ensure that you take all of your leave entitlement in the leave year.

Before requesting leave, please check the leave arrangement already agreed for your team. Where several people want the same time as leave e.g. school holidays and Christmas, it is suggested that there is a conversation amongst the team as it may not be possible to agree all requests.

Requests for leave should be made on MOL (Healthroster) or the Absence package, depending on the system in operation in the Specialty.

You are responsible for ensuring your colleagues are able to cover periods of on call, act as a contact for any urgent matters.

To maintain the service, the numbers that can be absent for each grade at any time are detailed below.

#### **Consultants/Specialists**

No more than X\* to be on leave including study leave and scheduled days off.

#### **Associate Specialists**

No more than X\* to be on leave including study leave and scheduled days off.

#### **Specialty Doctors**

No more than X\* to be on leave including study leave and scheduled days off.

\*This can be actual numbers of doctors in each grade or %

**APPENDIX 2**

**Application for the Carry Over of Annual Leave**

Specialty: \_\_\_\_\_

Please state Annual Leave year: \_\_\_\_\_

Name and Grade	Amount of Leave to be carried over (in days)	Employee to state reasons for carry over request (Signed and dated)	Head of Service / Service Director to confirm / reject reason for carry over (Signed and dated)	Clinical Chair and Divisional General Manager to approve or reject carry over request for all staff groups (If more than 5 days leave carry over) (Signed and dated)
		Signed:	Signed:	Signed:
		Print Name:	Print Name:	Print Name:
		Date:	Date:	Date: