SAS DOCTOR – ANNUAL / STUDY LEAVE NOTIFICATION

|  |  |  |  |
| --- | --- | --- | --- |
| NAME: |  | GRADE: |  |
| SUPERVISOR: |  | BASE: |  |

PLEASE PROVIDE AT LEAST SIX WEEKS NOTICE FOR PLANNED LEAVE.

|  |  |  |  |
| --- | --- | --- | --- |
| DATE FROM | DATE TO | No. of Days | TYPE OF LEAVE - ie Annual / Study |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

I CONFIRM THAT I HAVE CANCELLED OR MADE ARRANGEMENTS FOR MY CLINICAL WORK.

I HAVE SWAPPED MY ONCALL DUTIES AND NOTIFIED ALL RELEVENT PEOPLE.

|  |  |  |  |
| --- | --- | --- | --- |
| SIGNATURE |  | DATE |  |

THIS APPLICATION IS SUPPORTED AND APPROVED BY:

|  |  |
| --- | --- |
| NAME |  |
| SIGNATURE |  |
| JOB TITLE |  |
| DATE |  |

PLEASE SEND THE COMPLETED FORM TO MEDICAL WORKFORCE [hnf-tr.medicalworkforce@nhs.net](mailto:hnf-tr.medicalworkforce@nhs.net)

WHO WILL FILE THE REQUEST, HOWEVER PLEASE KEEP YOUR OWN RECORD, MEDICAL WORKFORCE ARE NOT RESPONSIBLE FOR KEEPING A LOG OF YOUR LEAVE.