



Name: _____

Date of application: _____

Number of days holidays entitled to:- _____

Number of days holidays taken to date:- _____

Number of days holidays remaining:- _____

Date(s) of leave requested: _____

Number of days requested: _____

Details of arrangements in place for trainees during your absent (INSTRUCTORS ONLY):

(Please note that leave cannot be approved unless satisfactory arrangements are in place for trainees)

Staff member signature: _____

Manager signature: _____

Date of approval: _____

Date details logged in to tracking system:- _____