SFR No 59 V3

ttm Healthcare

Annual Leave Form

Are you travelling to a country which is outside the EU + Iceland, Liechtenstein, Norway, Switzerland? Are you travelling to Great Britain?

Yes - ☐

No - ☐

If you selected yes you will be required to follow government guidelines upon your return, please view them on below link: *https://www.gov.ie/en/publication/77952-government-advice-on-international-travel/#travel-restrictions-for-passengers-arriving-into-ireland-from-outside-eu-iceland-liechtenstein-norway-switzerland*

To request annual leave please fill out this form. Please note annual leave should be requested in HOURS and not days. Example: If you normally work a 7.5-hour day & want to take two days annual leave you should request 15 hours' annual leave.

Please ensure you give this the required attention it needs.

Employee Details

EE No: ☐☐☐☐☐☐ *(*you will find this on your payslip)*

First Name: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Surname: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Leave Details

Total number of hours requested: ☐☐☐

Thursday pay date annual leave is to be paid: ☐☐/☐☐/☐☐ DD/MM/YYYY

Employee's Signature _____ Date: ☐☐/☐☐/☐☐ DD/MM/YYYY

Please note the following:

1. Where you form part of a core team it is important that you advise your TTM Recruitment Consultant at least two weeks in advance of your holidays so that we can make necessary arrange to cover your annual leave. Where applicable, you also need to inform your line manager.

2. This holiday form must be received by TTM Healthcare a minimum of one week prior to your requested payment date indicated above**.

3. All annual leave must be requested via this form only – please do not put it on your timesheet.

PLEASE SEND ALL HOLIDAY REQUEST FORMS TO THE FAX OR EMAIL ADDRESS ON YOUR TTM TIMESHEET