

Annual Leave Form

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.

| Employee Details | |
|---|--|
| EE No: | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (*you will find this on your payslip) |
| First Name: | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Surname: | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Leave Details | |
| Total Number of Hours Requested: | <input type="text"/> <input type="text"/> <input type="text"/> |
| Thursday pay date annual leave is to be paid: | <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> (DD/MM/YY)** |
| Start date of annual leave – DD/MM/YYYY | End date of annual leave -DD/MM/YYYY |
| <input type="text"/> | <input type="text"/> |
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| <input type="text"/> | <input type="text"/> |
| Employee's Signature _____ Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> (DD/MM/YY) | |

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 annual leave so that we can make necessary arrange to cover your annual leave. Where applicable, you also need to inform your line manager.
2. This annual leave form must be received by TTM Healthcare Solutions 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.
4. All annual leave must be used within the calendar year.

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