**Buying additional annual leave application form**

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| **Introduction** | |
| You should use this form to make a request to purchase additional annual leave. You should refer to our **Buying Additional Annual Leave Scheme** before submitting this form.  You should complete all sections of this form, providing details of the additional leave being requested. Once you have completed this form, you should sign it and give it to your line manager, who will review your request and confirm whether it has been approved. | |
| **Section 1 – Your details** | |
| Name: |  |
| Job title: |  |
| Section & Service: | SAP No: |
| Current work pattern and hours worked: |  |
| **Section 2 – Request details** | |
| 1. **Please indicate amount of leave requested in hours (For example: If you work 5 hours per day and require 10 days; the amount you are purchasing is 50 hours):** | |
| 1. **Please indicate how may pay periods you wish to repay the leave (up to a maximum of 13):** | |
| 1. **Please indicate which leave year this application applies to:** | |
| **Section 3 – Eligibility (please ✓)** | |

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| I have 26 weeks continuous service. | |  | |
| **Section 4 – Terms of scheme** | | |
| **Salary adjustment**  I confirm that I have read the conditions set out in the buying additional annual leave scheme. I understand that the decision to allow me to purchase additional annual leave is at the discretion of my line manager and if approved will be recovered from my pay as a deduction from salary.  I understand that costs will be recovered:  In one lump sum at the first available pay period following approval of my request; or  In equal amounts across the remainder of the leave year; or  In the rolling year (one calendar year from the date of purchase)  **[select as appropriate]**  **Repayment**  I agree that, should I leave before the end of the leave year, any amount owed in respect of this leave will be deducted from my final salary payment. In the event that my final salary is less than the amount owed I understand that an invoice for the remaining balance will be raised to recover the outstanding balance. | | |
| Employee signature: |  | |
| Date: |  | |

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| **For the manager to complete:** | |
| Name: |  |
| Date application received: |  |
| Outcome (approved or rejected): |  |
| Reason  (if refused): |  |
| Manager’s signature: |  |
| Employee’s signature: |  |
| Date: |  |

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| **For Appeals - Head of Service or nominated representative to complete:** |

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| Appeal outcome (approved or rejected): |  |
| Head of Service or  Nominated representative signature: |  |
| Employees signature: |  |
| Date: |  |

**Managers should Pulse completed form to CBS Employee Service Centre > Payroll Support > PAL**

**If Pulse isn’t accessible, email to CBS Service HR generic mailbox:**

[**CBSServiceHR@glasgow.gov.uk**](mailto:CBSServiceHR@glasgow.gov.uk)