



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Caerdydd a'r Fro
Cardiff and Vale
University Health Board

MOBILISATION LEAVE APPLICATION FORM

Name: _____ Employee
Number: _____

Address: _____

Job Title: _____ Ward / Department /
Directorate / Division

Details of Mobilisation:

Please note that if you wish to volunteer for mobilisation you must seek prior agreement with your employer through your line manager. Any such request will be considered within 5 working days.

Expected Duration: _____ Date of
Mobilisation: _____

Is the mobilisation compulsory or voluntary:

Print Name: _____ Signed: _____ Date: _____

To be completed by Manager:

*Are you able to accommodate this? (*Yes/No) If not please give reasons for this and proposed actions as set out in Appendix 2 (Exemption and Deferral from Mobilisation) of the All Wales Reserve Forces, Training and Mobilisation Policy.

Print Name: _____ Job Title: _____

Signed: _____ Date: _____

**Return completed and signed form to HR Advisory Team, Lakeside Buildings,
UHW
c.c. Personal File**

