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

Annual Leave Purchase Scheme Request and Approval Form 2023/24

Part 1 - Employee Request

I have read and understand the rules and procedures of the Leave Purchase Scheme and make the following request to purchase additional annual leave under the terms of that Scheme.

Name of employee:	
Staff number:	
Email address:	
Department:	
Band:	
Current hours worked per week:	
Normal Annual Leave entitlement (excluding Bank Holidays) in hours	

I am applying to purchase (enter number of hours) hours annual leave during the leave year 1st April 2023 to 31st March 2024.

I plan to take this leave as follows:

Days/hours	Dates
Total hours	

I have requested the additional leave for the following reasons: (response is optional)

I understand that if approved my salary will be reduced by the value of the number of hours purchased multiplied by the hourly rate applicable, taking into account any incremental increases or pay increases due in the annual leave year.

I also understand that this adjustment in salary may also reduce the amount of maternity or adoption pay for those employees who are entitled to it. (Please see section 4 of the Additional Annual Leave Purchase Scheme Rules and Procedures and/or seek personalised guidance from People Services for further information).

I authorise my salary to be reduced in equal instalments over: (tick as appropriate)

12 months / 52 weeks ☐

For applications received by Payroll by Friday 10 March 2023

6 months / 26 weeks ☐

For applications received by Payroll by Friday 15th September 2023

3 months / 13 weeks ☐

For applications received by Payroll by Friday by Friday 8th December 2023

Employee signature:	
Date:	

Part 2 - Line Manager Recommendation

The Line Manager should provide a brief commentary as to how the additional leave requested will impact on the needs of the service during the relevant period and confirm that backfill, temporary or agency cover will not be required to cover the absent worker.

Line Manager Name (please print)	
Line Manager Signature:	
Line Manager Title:	
Date:	

Part 3	Executive Director /Director of Operations / Clinical Board Director of Nursing Approval	
<p>Either:</p> <p>I approve this request for the purchase of additional annual leave and can confirm that backfill, temporary or agency cover will not be required to cover this absence.</p>		
Executive Director/ Clinical Board Director of Operations / Clinical Board Director of Nursing Signature		
Executive Director/Clinical Board Director of Operations / Clinical Board Director of Nursing Name:		
Date:		
<p>OR:</p> <p>I reject this request for the purchase of annual leave on the following grounds:</p>		
Executive Director/ Clinical Board Director of Operations / Clinical Board Director of Nursing Signature:		
Executive Director/Clinical Board Director of Operations / Clinical Board Director of Nursing Name:		
Date:		

Notes:

Part 1 to be completed by Employee and forwarded to Line Manager

Part 2 to be completed by Line Manager and forwarded to relevant Executive Director/Clinical Board Director of Operations /Clinical Board Director of Nursing

Part 3 to be completed by relevant Executive Director//Clinical Board Director of Operations /Clinical Board Director of Nursing

Line Manager to confirm outcome to Employee and forward form to Payroll Department by date listed in Part 1.