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

Annual Leave Purchase Scheme 2023/24

Rules and Procedures (including approval and request form)

1. Introduction

This document details the rules and procedures relating to the Cardiff and Vale University Health Board (the UHB) Leave Purchase Scheme. This scheme will be monitored and reviewed as necessary.

2. Scope

This scheme is available to all employees of the UHB.

3. Scheme Rules

The following rules apply to the purchase of annual leave:

- 3.1 There is a limit of 2 weeks additional leave that may be purchased, based on the employee's own contractual hours.
- 3.2 Approval of requests will depend upon the needs of the service and will be conditional upon no backfill, temporary (bank) or agency cover being required to cover the absence.
- 3.3 Any requests which are likely to have a detrimental effect on patient care, quality and safety will not be approved.
- 3.4 Leave may be purchased in whole or half shifts.
- 3.5 Leave once purchased may not be sold back to the UHB.
- 3.6 The additional annual leave must be taken within the annual leave year for which it has been purchased.
- 3.7 A request for additional annual leave must include details of when the leave is to be taken to allow for business planning.

- 3.8 Payment for leave purchased will normally be made over a fixed period of twelve, six or three months depending on the date of application. Payment will be made through a deduction from salary.
- 3.9 Written consent will be required in advance of the deduction from salary and before the leave is taken.
- 3.10 Requests must be made to the relevant Line Manager (Clinical Director for Medical and Dental staff) by the following dates:
- **Friday 24 February 2023 for repayments over 12 months**
 - **Friday 1 September 2023 for repayments over the remaining 6 months of the financial year**
 - **Friday 24 November 2023 for repayments over the remaining 3 months of the financial year**
- 3.11 Any applications outside these dates may be considered in exceptional circumstances but staff will need to be aware that if the dates they are requesting have already been allocated, their application is unlikely to be approved. Any corresponding adjustments to salary must be completed by 31st March 2024.
- 3.12 All repayments must be made by 31st March 2024.

4. Deductions from Salary

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. Employees will be notified in advance of any changes incurred to the monthly deductions as a result of changes in hours worked.

Pension contributions will be unaffected and pensionable service will be deemed to be continuous.

Staff will need to be aware that the deductions in salary will potentially impact on maternity, adoption or shared parental leave pay. Maternity, adoption or shared parental leave pay is calculated on the basis of your average earnings during a two month period, ending 15 weeks before your due date or date of placement. If your salary is reduced during this period as a result of paying for the purchase of additional annual leave, it will have an impact on your average earnings and, therefore, on how much maternity, adoption or shared parental leave pay you are entitled to.

The effect will vary on an individual basis depending on the timing of your additional annual leave “payments” in relation to the two month average earnings period referred to above. You are therefore advised to seek personalised guidance from People Services as soon as you know you are expecting a baby or will be adopting a child as it may be beneficial for you to reduce or increase the number of payments or to take the time as unpaid leave instead.

Further information about how maternity, adoption and shared parental leave pay is calculated is available from the Maternity, Adoption and or Shared Parental Leave Procedures.

5. Procedure

The following procedure will apply to the request and approval for additional annual leave:

- 5.1 Employees should complete Part 1 of the Request and Approval form attached as Appendix A and forward this to their Line Manager by the dates listed above.
- 5.2 The Line Manager will complete Part 2 of the form indicating whether the additional leave can be supported, taking into account the needs of the service and whether the absence could be tolerated without the need for backfill, temporary or agency cover.
- 5.3 The Line Manager will forward the form to the relevant Executive Director/Clinical Board Director of Operations /Clinical Board Director of Nursing for approval. The Executive Director/Clinical Board Director of Operations /Clinical Board Director of Nursing will complete Part 3 of the form and return it to the Line Manager.
- 5.4 The Line Manager will notify the employee if the request for additional leave has been approved.
- 5.5 If the request is rejected the Line Manager will inform the employee of this and ensure that they are aware of the reasons that the application was refused.
- 5.6 If the request is approved the form will be forwarded to the Payroll Department who will process the claim. The Request and Approval form will serve as the express authorisation from the employee to make the necessary deduction from salary.
- 5.7 Payroll must be notified of any approved applications by the following dates:
 - **Friday 10 March 2023 for repayments over 12 months**
 - **Friday 15 September 2023 for repayments over the remaining 6 months of the financial year**
 - **Friday 8 December 2023 for repayments over the remaining 3 months of the financial year**
- 5.8 Managers are advised to contact the Payroll Department to establish the required dates of submission for any applications approved outside the above dates



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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 10th 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 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

Either:

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.

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.