

NHS GREATER GLASGOW & CLYDE
MEDICAL STAFF LEAVE NOTIFICATION
REQUEST FORM

PLEASE COMPLETE USING BLOCK CAPITALS

PERSONAL DETAILS:	
Surname: _____	Forename (s): _____
Designation: _____	Department: _____
Contact Telephone No: _____	Payroll No.: _____
Signature: _____	Date of Application: _____

TYPE OF LEAVE REQUESTED:			
Annual Leave	<input type="checkbox"/>	Special Leave (e.g. compassionate leave, public services duties etc.)	<input type="checkbox"/>
Study Leave (within Europe)	<input type="checkbox"/>	Maternity/Paternity Leave*	<input type="checkbox"/>
Study Leave (outwith Europe)	<input type="checkbox"/>	Parental Leave	<input type="checkbox"/>
Professional Leave (e.g. Royal College duties, National Panelist etc)	<input type="checkbox"/>	Professional Association Leave (e.g. BMA)	<input type="checkbox"/>
Other Special Leave (<i>please state below</i>)	<input type="checkbox"/>		
.....			
<i>* Please complete the Maternity/Paternity Leave Application in addition to this form.</i>			

DATES OF LEAVE REQUESTED:		
From: _____	To: _____	No. of days: _____
Please provide details of Direct Clinical Care (DCC) sessions to be relinquished:-		
DCC Duty e.g. clinic/elective theatre list:	Date:	
.....	
.....	
.....	
.....	
<i>* Please forward completed request to Clinical Director/Lead Clinician or other Consultant with formal management role</i>		

FOR STUDY LEAVE PURPOSES ONLY:

Course Title: Course Organiser:

Course Venue: Course Date:

Course Fees: Travel Costs:

Total Claim:

Please provide details of financing body e.g. department, endowment fund, outside body, self financed etc:-

.....
.....

** Please forward completed request to Clinical Director/Lead Clinician or other Consultant with formal management role*

AUTHORISATION:

Junior Medics:

I have agreed my leave by my Consultant

Cons. Signature: Date:

**Please remember to cancel clinics etc. for the period absent.
All leave must be authorized in advance.**

Consultants:

RMO Duties are agreed with:

I will notify the relevant Charge Nurse / Operations Manager of this.

Signed: Date:

Clinical Director:

I approve the request for leave on this occasion.

I do not approve the request for leave on this occasion. The reason(s) for not supporting this request is as follows:

.....
.....

Surname: Forename:

Designation: Date:

Signature:

** Please return signed original copy to applicant and a copy to the Directorate/Partnership HR Team*