**REQUEST TO CARRY FORWARD EXCESS LEAVE TO YEAR 2022/23**

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| Surname: Initials:Rank: Service Number:Total number of days requested to carry forward into leave year 22/23 (including 15 days automatic carry over):Leave taken during leave year 21/22 (including dates):Reasons for outstanding leave balance and justification to carry forward excess leave:Plan for taking outstanding leave during leave year 22/23: Individual’s Signature: Dated: |
| Line Manager: APPROVED/NOT APPROVED  Number of Days Authorised to Carry Forward:Line Manager Signature: Dated:**ONCE COMPLETED, ENSURE THAT THIS FORM IS RETURNED TO YOUR SSXO.** **All completed forms must be returned NLT: 15 MAR 22.** |
| GSO or SNR Comments: APPROVED/NOT APPROVED Number of Days Authorised to Carry Forward:Signature: Dated: |
| J1 Action taken by:Rank and Name: Date JPA Updated:   |