**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: |