

APPENDIX A  
SALISBURY NHS FOUNDATION TRUST

SENIOR MEDICAL STAFF (CONSULTANT AND SAS DOCTORS)

ANNUAL LEAVE APPLICATION

*Please ensure that this Form is submitted to your departmental leave co-ordinator at least 6 weeks before the intended annual leave. Retrospective applications will not be approved*

Name: .....

Grade: ..... Specialty: .....

Directorate: ..... Contracted PAs per week : .....

Annual Leave Entitlement per annum .....

Annual Leave Request Dates

From	To	Number of days	Balance

Cover Arrangements for Leave

Outpatient clinics cancelled? Y/ N /NA If N name of doctor covering .....  
Please list cancellations

Theatre lists cancelled? Y/ N /NA If N name of doctor covering .....  
Please list cancellations

Other fixed sessions cancelled? Y/ N/ NA If N name of doctor covering .....  
Please list cancellations

On-call duties covered? Y /N /NA If **YES** name of doctor covering .....

APPENDIX A

Annual Leave request approved

**Signatures and approval**

**Clinical Director** -----

**Date** -----

**I approve this annual leave application (please ensure a record is maintained within the speciality area and a copy forward to Medical HR. )**

**I do not approve this annual leave application (please give reasons**

**Comment:**

**Medical HR to record details on central spreadsheet and file in doctors file**