



Human Resources

Name: _____

Employee Number: _____

School/Unit: _____

Leaving Date:
(including annual leave) _____

Return this form to monthly-ns@st-andrews.ac.uk

List all Annual Leave taken or to be taken since 1st August 201_
Do not include the 5 Statutory Holidays in the information below

From*	To*	Number of Days
Please enter number of days c/f from 1st August 201_ Annual Leave entitlement		
* Inclusive Dates	Total Days Taken:	

I certify that the above information is correct.

Employee Signature

Head of School/Authorised signature

Employee Name printed

Head of School/Authorised name Printed

Note: Research Grants do not cover the cost of Annual Leave payments.

Cost Centre Annual leave to be paid against	
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