



Human Resources

Name: \_\_\_\_\_

Employee Number: \_\_\_\_\_

School/Unit: \_\_\_\_\_

Leaving Date:  
(including annual leave) \_\_\_\_\_

**Return this form to [monthly-ns@st-andrews.ac.uk](mailto:monthly-ns@st-andrews.ac.uk)**

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

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

**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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