



PEMBROKE COLLEGE - CAMBRIDGE

**This form is to be used for all holidays, compassionate leave and time taken in lieu
PLEASE FILL IN ALL RELEVANT DETAILS IN WHITE BOXES PROVIDED. THANK YOU**

LEAVE FORM

Name		Department	
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I wish to take holiday on the dates below. These dates are inclusive:

Start Date:		End Date:	
Start Date:		End Date:	
No of days applied for		Annual Leave	
If applying for time in lieu please state the date(s) on which you worked the extra hours.	Time in Lieu		
	Unpaid Leave		
	Study/ Compassionate Leave		
	Total number of days		

Signed (applicant) Date:

Pass to Head of Department

Your leave request has been agreed	Signed: Date:..... Head of Department or Deputy
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Pass to HR Manager who completes the box below

Holiday Entitlement	No of Days Booked	Holiday Entitlement Left

HR confirmation: Date:

Pass photocopy back to applicant