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**St Mary’s University Purchase of Additional Leave Scheme (2024-25)**

**Request to Purchase Additional Leave form**

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| Name: |  |
| Payroll/Employee No: |  |
| Faculty/Service: |  |
| Line Manager: |  |

The Purchase of Additional Leave Scheme provides a number of hours/days of additional leave to the employee.

Leave taken will be subject to the normal standard procedures for requesting and approving annual leave.

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| **Please complete:**  I wish to purchase an additional \_\_\_\_\_\_ days/hours (circle the applicable unit) of annual leave in leave year 2024/25.  **This cannot be more than the equivalent of 5 days. For part time employees leave should be pro rata. If you work in more than one post you will need to complete a separate form for each post.**  Please provide any additional information in support of your request (e.g. when you wish to take the additional leave). |

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| **Employee acceptance**  To confirm your formal acceptance of the terms outlined in the Purchase of Additional Leave Scheme Guidance Notes, please sign this form.  Please note that this is not a contractual change to your terms and conditions, and the University reserves the right to withdraw or amend the policy at any time. | Signed by employee:  Date: |
|  |  |
|  |  |
| Approved By (Line Manager\*): |  |
| Signature | Print Name |

\*the Line Manager needs to have had approval from the Dean/Director of Service before approving the request.

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| If rejected, please give reasons here: |

**For the employee: Please submit the completed form to hrhelpdesk@stmarys.ac.uk by midnight Tuesday 2nd October. Any requests without the appropriate approval or received after the deadline date will not be processed.**