INDEX Consultants - Leave Application Form

Consultant Details	
Full Name	
Date of Application	

Leave Type	Please tick appropriate box:
Annual Leave	
Sick Leave	*Medical Certificate Required*: *Yes* *No*
Carers Leave	*Medical Certificate Required*: *Yes* *No*
Other	*Please specify*:

Leave Payment Type	Please tick appropriate box:
Paid Leave Unpaid Leave	
(Check you have enough leave entitlements available)	

Period of Leave	Select date:
First Day (start)	
Last Day (finish)	
Total Number of Days	*(Do not include public holidays in total)*
Additional Comments	

(To be completed by Clicks representative and line manager)

INDEX Approved	*Yes* *No* If no, provide reason:
Authorised by:	
Client approved	*Yes* *No* If no, provide reason:
Authorised by:	
Name of client:	