Request For Payment of Annual Leave Whilst on Certified Sick Leave



| Full Name of Employee | |
|---|--|
| Employee Number of Employee | |
| Start Date of Annual Leave as a full working day | |
| End Date of Annual Leave as a full working day | |
| Number of hours Annual Leave for the above period | |

Please note:

- Only full days can be paid
- The period must still be covered by a fit note in accordance with the Sickness Absence Policy and HMRC
- Managers must not end date the sickness in ESR

| Full name and ESR number of | |
|-----------------------------|--|
| authorising manager | |
| Date | |
| | |

If you are receiving any benefit payments in addition to occupational pay, you are advised that it is your responsibility to declare the payment detailed above to the Department of Work and Pension / Jobcentre Plus as this may affect your entitlement to such benefits

| Signature of Employee | |
|-----------------------|--|
| Date | |

This form should be e-mailed to the relevant payroll office:

PHW & Velindre - <u>Payroll.Velindreand phw.CAV@wales.nhs.uk</u>

Cwm Taf - Payroll.Enquiries Cwm Taf@wales.nhs.uk

Cardiff & Vale - <u>Payroll.Enquiries Cardiff and Vale@wales.nhs.uk</u>