

**Foundation Dentist – Annual Leave Request Form**

Please use this form to request any annual leave while you are on the Dental Foundation training programme.

If you have any queries, please contact the team on NWSSPSLE.Dental@wales.nhs.uk or call 02921 500199.

**Part A – To be completed by Foundation Dentist**

|  |  |
| --- | --- |
| **Name** |  |
| **Employee Number** |  |
| **Site**  |  |

|  |  |
| --- | --- |
| **Annual Leave Start Date**  |  |
| **Annual Leave End Date**  |  |
| **Number of Days** |  |
| **Number of Hours**  |  |

|  |  |
| --- | --- |
| **Signed** |  |
| **Date** |  |

**Part B – To be completed by approving manager (host organisation)**

Please complete and sign the below if the above request has been approved.

|  |  |
| --- | --- |
| **Name**  |  |
| **Job Title** |  |
| **Signed** |  |
| **Date** |  |

On completion of the form, please return to NWSSPSLE.Absence@wales.nhs.uk for the leave to be recorded on ESR.