A close up of a logo

Description automatically generated

**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](mailto: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](mailto:NWSSPSLE.Absence@wales.nhs.uk) for the leave to be recorded on ESR.