 **Annual Leave Request**

**1 October 2020 to 30 September 2021**

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| Name: | Email: |

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| Period of Leave - Inclusive | | Leave Entitlement: | | | | |
| Start Date | End Date | Half Days  Specify  am or pm | Total Days Taken | Total Days Remaining | Line Manager’s  Signature | HR Rec. |
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| **Return completed form by email to:** [OncologyHR@admin.cam.ac.uk](mailto:OncologyHR@admin.cam.ac.uk)  **Please re-use the same form each time you request leave and do not send paper copies.**  **All annual Leave queries to:** [OncologyHR@admin.cam.ac.uk](mailto:OncologyHR@admin.cam.ac.uk) |