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**ANNUAL LEAVE PURCHASE SCHEME**

**APPLICATION FORM 2024 - 2025**

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| Name: | …………………………………….. | Assignment number:  | …………… |
| Directorate: | …………………………………….. |
| Position title: | …………………………………….. |
| Line manager: | …………………………………….. |

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| **REQUEST**My weekly contracted weekly hours are ……I would like to purchase …… week (s) of additional leave.(1 x weekly contracted hours or maximum of 2 x weekly contracted hours) |
| **REASON FOR REQUEST** (Note: employees do not have to provide this information, but may wish to do so to support their application.)………………………………………………………………………………………………………………………………………………………………………………………………………………………… |
| I confirm that I have read and understood the Annual Leave Purchase Scheme and comply with the eligibility criteria. I authorise Employee Services Payroll Team to make a deduction from my salary in equal monthly payments following 01April (or less if employed on a temporary or fixed-term contract). I understand that once this application has been approved, the agreement cannot be amended.I understand that purchasing annual leave will have an implication on my pension benefits and I have the opportunity to buy back any lost pension as a lump sum through Additional Pension Contributions.If my annual leave year runs from the month in which my birthday falls, I confirm I am happy to change to an annual leave year from 01 April to 31 March.Signed: …………………………………….. Date: ………… |

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| **TO BE COMPLETED BY THE LINE MANAGER** **(\*\*\* Amendment - 1 weeks leave is not automatically approved and at manager’s discretion \*\*\*)**[ ]  I acknowledge and approve the above request to purchase annual leave (1 week or 2 weeks).[ ]  The above request to purchase 1 or 2 weeks annual leave has not been approved. I have discussed this with the employee and explained why I have declined the request in writing (copy attached).If 2 weeks leave was not approved, will the employee be purchasing 1 weeks leave?[ ]  Yes – the employee will continue to purchase 1 weeks leave[ ]  No – the employee does not wish to purchase annual leaveSigned (Manager): ……………………………………………………… Date: ………………… |

**This completed form should be emailed to** leavepurchase@valeofglamorgan.gov.uk **– do not send hard copy**