RECORD OF ANNUAL LEAVE, STUDY LEAVE AND SICK/SPECIAL LEAVE

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| Name:  GMC Number:  Grade: ST  Hospital/Trust where based: | Specialty: Histopathology  NTN:  Period Covered: dd/mm/yyyy to dd/mm/yyyy |

All leave must be recorded on this form and signed off by your Educational Supervisor. Annual leave must be taken in approximate proportion to attachment length. Carryover of leave entitlement from one attachment to the next, *or* from one leave year to the next requires the explicit permission of the Educational Supervisor of both departments. Leave must be booked no less than **6** weeks in advance.

NB***: A new form should be used for each year and commenced from the first Wednesday of August (Start date of rotation).***

**Annual leave entitlement in this leave year: ……………. Days**

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| Annual Leave | | | |
| Leave dates | Number of days | Cumulative total | Educational Supervisor’s Signature |
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| Study Leave | | | |
| Leave dates | Number of days | Cumulative total | Educational Supervisor’s Signature |
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| Sick Leave / Special Leave (bereavement, carer’s leave etc) | | | |
| Leave dates | Number of days | Cumulative total | Educational Supervisor’s Signature |
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