

JUNIOR MEDICAL STAFF APPLICATION FOR LEAVE

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|-------------------------|--|
| To: | Medical Staffing Department 2nd Floor Arrowe Park Hospital |
| Name: | |
| Date of request: | |
| Grade: | |
| Specialty: | |
| Subject: | Annual Leave / Interview Leave / Special Leave |

I wish to request leave as follows:

From:.....

To:.....

Total number of days:.....

Day's in lieu of Bank Holiday(s):.....

| | |
|--|-------|
| Instructions for my clinical sessions are as follows: | |
| Monday: | |
| Tuesday: | |
| Wednesday: | |
| Thursday: | |
| Friday: | |

Instructions for my On Call commitments are as follows:

| Date | Time/Shift | Name of Doctor covering On Call |
|------|------------|---------------------------------|
| | | |
| | | |
| | | |
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| Approved Yes/No - Comments | Medical Staffing Co-ordinators' signature |
|----------------------------|---|
| | |

Medical Staffing:

Planner Leave Sheet Rota Memo ESR