# 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 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 for the leave to be recorded on ESR.