|  |  |  |
| --- | --- | --- |
|  |  | **BOUGHT LEAVE FORM**  **Ensure form is correctly completed and submitted to** [**hrchanges@westlothian.gov.uk**](mailto:hrchanges@westlothian.gov.uk) **by 30 November along with a copy of the approved request for Flexible Working.** |

|  |  |  |  |
| --- | --- | --- | --- |
| Service Area: |  | Service Unit: |  |

**Employee**

|  |  |  |  |
| --- | --- | --- | --- |
| Title | Forename | Surname | Employee No. |
|  |  |  |  |

**Post(s) to which the bought leave applies**

|  |  |
| --- | --- |
| Post Titles | Locations |
|  |  |
|  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Please indicate below the number of weeks of leave being purchased by placing an X in the relevant box:**   |  |  |  | | --- | --- | --- | |  | One week |  | |  | Two weeks |  | |  | Three weeks |  | |  | Four weeks |  | |  | Five weeks |  | |  | Six weeks |  | | **Bought leave will start from 1 January, unless otherwise agreed by the relevant Service Manager in consultation with the HR Manager.**  Indicate below if an alternative start date has been agreed:   |  |  | | --- | --- | | **Date:** |  | |

**Completed by Employee:**

|  |  |  |  |
| --- | --- | --- | --- |
| PRINT Name: |  | Position: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Signed: |  | Date: |  |

**Authorised by Service Manager:**

|  |  |  |  |
| --- | --- | --- | --- |
| PRINT Name: |  | Position: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Signed: |  | Date: |  |