PURCHASE OF ADDITIONAL ANNUAL LEAVE – REQUEST & APPROVAL FORM

PART 1 – to be completed by the Employee EMPLOYEE REQUEST		
I have read and understand the rules and procedures of the Annual Leave Purchase Scheme and make the following request to purchase additional annual leave under the terms of that Scheme.		
Name:	_ Employee No:	
Job Title:		
I wish to purchase day(s) additional for part time employees, i.e. if you work 3 I plan to take this leave as follows (detail th	days per week, no more than 6 days in tota	
Date/Day	Contracted Hours Worked	
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PART 2 EMPLOYEE DECLARATION

I understand and agree that:

- Deduction will be subtracted from my gross pay in accordance with the scheme as a salary sacrifice agreement
- Once leave is purchased, the leave cannot be 'sold back' to the Council
- In the event of sickness absence, I agree to re-take this additional leave purchased before the end of my leave year
- In the event that I leave the Authority, I agree to any outstanding amount being deducted from my final pay.
- I can choose to purchase the 'lost' pension by electing to pay Additional Pension Contributions. I understand that it is my responsibility to make the necessary arrangements to do this direct with the Dyfed Pension Fund. www.lgpsmember.org

I accept the conditions under which these provisions are granted.

Signed: _____ Date: _____

Please forward this form to your Line Manager to complete

PART 3 – to be completed by the Line Manager LINE MANAGER COMMENT AND AUTHORISATION

The line manager should provide a brief note as to how the additional leave will impact on the needs of the service during the relevant period and confirm that temporary or agency cover will not be required to cover the absent worker.

Either:

I approve this request for the purchase of additional annual leave:-

Signed: ______ Date: ______

OR		
I do not support this request for the purchase of additional annual leave on the following grounds:-		
Signed: Date:		
If you are approving the request please:		
 Inform your team member of your decision – please be aware that the application is not approved until the Absence Team undertake eligibility checks Forward completed form to the Absence Team for processing: <u>HRAbsenceTeam@carmarthenshire.gov.uk</u> 		
If you are not supporting the request please:		
 Inform your team member of your decision 		
Forward completed form to the Absence Team:		
HRAbsenceTeam@carmarthenshire.gov.uk		
Part 4		
Absence Team – Processing		
Eligible: YES NO		
Absence Team use only		
Total cost: £ (assumed pensionable pay figure)		
Monthly deductions: £ over months		
Start month: End month:		

Part 5

Purchasing the 'Lost' Pension

- If you elect to purchase the 'lost' pension you must do this within 30 days from the date of this notification from The Absence Team. The cost will be split 1/3 employee and 2/3 employer.
- If the application to purchase additional pension is made after 30 days, the full cost will be met by you.

How to purchase lost pension

The cost and an application to buy lost pension may be obtained online at: <u>https://www.lgpsmember.org/more/apc/index.php</u>

You will need to have to hand, the assumed pensionable pay figure for the period purchased as additional annual leave - this figure is provided for you in **Part 4 above**.

* The total cost (assumed pensionable pay figure) is based on salary as at time of application.

A 'How to Guide' for 'Buying Lost Pension' is available for your information.