Employee Name: Date:

Accrued TOIL hours to date : \_\_\_\_\_\_

**PLEASE NOTE** : 15 hours is the maximum time allowed for carry over of TOIL. TOIL in excess of 15 hours is not to be accumulated without prior arrangement with your Line Manager.

Contracted hours per fortnight : \_\_\_\_\_\_

Hours worked over contracted hours: \_\_\_\_\_\_ Date : \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_\_ Date : \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_\_ Date : \_\_\_/\_\_\_/\_\_\_

TOIL total to be brought forward: \_\_\_\_\_\_

Employee Signature: Date:

Leave Approved by your Line Manager:

|  |  |
| --- | --- |
| Manager Signature: | Date: |
| Manager Title: | |