

**UNIVERSITY COLLEGE LONDON – Centre for Medical Image
Computing**

Annual Leave Request

**(Please see UCL College Regulations regarding Annual and non-annual
leave requests.)**

**Request Form to be completed at least five working days, where possible, in
advance.**

Name:

Section.....

Leave Dates Requested:

Total No. of Days Requested..... **Days Remaining**.....

Comments:

.....

.....

The following is to be completed by the member of staff: -

**I confirm that the above information is correct and have attached any relevant
documentation.**

Signed:

Date of request:

Approved by:

Head of Section

This form is to be retained in the Department.