



**Castle View Personnel**  
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Inverness  
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**E** [recruitment@castleviewpersonnel.com](mailto:recruitment@castleviewpersonnel.com)  
[www.castleviewpersonnel.com](http://www.castleviewpersonnel.com)

## LEAVE REQUEST

**THIS LEAVE REQUEST FORM MUST BE SIGNED AND COMPLETED IN FULL. YOU MUST GIVE CASTLE VIEW PERSONNEL A MINIMUM OF 48 HOURS NOTICE BEFORE TAKING LEAVE FROM YOUR ASSIGNMENT. THE ORIGINAL SHOULD THEN BE SENT TO CASTLE VIEW PERSONNEL AT THE ADDRESS SHOWN ABOVE AS SOON AS POSSIBLE. A COPY SHOULD ALSO BE FAXED BACK TO 01463 230 535. ALTERNATIVELY, IT CAN BE EMAILED IN PDF FORMAT TO [recruitment@castleviewpersonnel.com](mailto:recruitment@castleviewpersonnel.com)**

**FAO:**

\_\_\_\_\_  
(Consultant Name)

Candidate Name:

\_\_\_\_\_

Telephone Number:

\_\_\_\_\_

Currently employed at:

\_\_\_\_\_

Reporting to:

\_\_\_\_\_

No of days leave required:

\_\_\_\_\_

1<sup>st</sup> day of leave:

\_\_\_\_\_

Returning to work on:

\_\_\_\_\_

Reason for leave request:

\_\_\_\_\_

\_\_\_\_\_

I have/have not advised my Direct Line Manager of this leave required.

Signed:

\_\_\_\_\_

Date:

\_\_\_\_\_