

# TOIL APPROVAL & LEAVE - FORM

## 1. Approval to Work Overtime for TOIL

<b>NAME:</b>	<input type="text"/>	<b>DATE:</b>	<input type="text"/>
<b>HEALTH CENTRE:</b>	<input type="text"/>		
<b>REASON FOR OVERTIME:</b>	<input style="height: 40px;" type="text"/>		
<b>DATE:</b>	<input type="text"/>	<b>Start Time:</b>	<input type="text"/>
		<b>End Time:</b>	<input type="text"/>
<b>SUPPORTED BY:</b>	----- Health Centre Manager		Date
<b>APPROVED BY:</b>	----- Area Service Manager/Town-based Line Manager		Date
<b>Office Use:</b>			
Toil Hours Balance:	<input type="text"/>		
New Toil Hours:	<input type="text"/>		
New Balance:	<input type="text"/>	<b>Staff Notified:</b>	<input type="text"/>

-----  
- cut here -

## 2. Toil Leave Form

<b>NAME:</b>	<input type="text"/>	<b>DATE:</b>	<input type="text"/>
<b>HEALTH CENTRE:</b>	<input type="text"/>		
<b>PERIOD OF TOIL LEAVE</b>			
<b>Start Date</b>	<input type="text"/>	<b>Time</b>	<input type="text"/>
		<b>End Date</b>	<input type="text"/>
		<b>Time</b>	<input type="text"/>
<b>SUPPORTED BY:</b>	----- Health Centre Manager		Date
<b>APPROVED BY:</b>	----- Area Service Manager/Town-based Line Manager		Date
<b>Office Use:</b>			
Toil Hours Balance:	<input type="text"/>		
Toil Leave Taken:	<input type="text"/>		
New Balance:	<input type="text"/>	<b>Staff Notified:</b>	<input type="text"/>