

**Additional Annual Leave Purchase Scheme**

**Cynllun Prynu Gwyliau Blynyddol Ychwanegol**

**Additional Annual Leave Purchase Scheme**

**Cynllun Prynu Gwyliau Blynyddol Ychwanegol**

*Os hoffech dderbyn gohebiaeth mewn perthynas â’ch cyflogaeth yn Gymraeg, cysylltwch â’ch Swyddog AD dynodedig*

|  |  |  |
| --- | --- | --- |
|  |  | |
|  |  |  | |  |
|  |  |  | |  |
|  | | Contents | | Page |
| 1 |  | Introduction | | 3 |
| 2 |  | Scope | | 3 |
| 3 |  | Eligibility | | 3 |
| 4 |  | Terms of the Annual Leave Purchase Scheme | | 3-4 |
| 5 |  | Approval | | 4 |
| 6 |  | Payments | | 5 |
|  |  |  | |  |
|  |  | Appendices | |  |
| A |  | Annual Leave Purchase Scheme- Request and Approval Form | | 6-8 |
| B |  | School Based Employees – Annual Leave Purchase Scheme – Request and Approval Form | | 9-11 |
|  |  |  | |  |
|  |  |  | |  |
|  |  |  | |  |
|  |  |  | |  |
| **1. INTRODUCTION** | | | | |
| Neath Port Talbot County Borough Council recognises that some employees may wish to take more than their standard contractual annual leave entitlement. This Scheme gives employees the option of purchasing leave, subject to certain conditions, as an alternative to taking unpaid leave and suffering a significant reduction in salary in one month.  This Scheme does not replace or restrict the discretion of line managers to grant unpaid leave in exceptional circumstances. | | | | |
| **2. SCOPE** | | | | |
| This scheme is available to all employees of the Council with the exception of those employed on Teachers terms and conditions. | | | | |
| **3. ELIGIBILITY** | | | | |
| This scheme is available to all employees of the Council who have completed 12 months’ continuous service at the time of making the request. | | | | |
| **4. TERMS OF THE ANNUAL LEAVE PURCHASE SCHEME** | | | | |
| A maximum of one week’s additional annual leave (up to a maximum of weekly contracted hours) can be purchased.  Leave may be purchased in whole or half days. The number of days will be converted into hours for the purposes of calculating the value of pay to be deducted.  Applications to purchase additional annual leave can be made at any point during the employee’s leave year, however employees can only purchase a maximum of one week’s additional annual leave per annual leave year.  Applications should be made using the request and approval form attached at  ***Appendix A***  A request for additional annual leave must indicate details of when the leave is to be taken to allow for business planning.  Once an application has been approved and the first salary deduction made by payroll, the agreement becomes binding.  Leave, once purchased, may not be sold back to the Council.  The additional annual leave must be taken within the annual leave year or, for school based employees, in the academic year, for which it has been purchased and there will be no option to carry over the additional leave to the next year. If the employee fails to take the additional leave within the leave year, the leave will be lost and there will be no reimbursement of salary.  If an employee is unable to take their leave due to prolonged sickness absence, leave purchased through the scheme will be treated in the same way as contractual annual leave entitlement and can be carried over, pro rata.  Employees leaving the Council will be reimbursed if the salary deductions on leaving amount to more than the leave taken. Likewise, payments will be recovered from the employee’s final salary payment if the value of the salary deductions is less than the value of the leave taken. Line managers / Head teachers should advise HR of reimbursement or deduction actions that are necessary, in advance of the employee’s last day of service with the Council.  Approval of any additional annual leave purchased must be recorded on the employee’s leave record and the days taken recorded and authorised in the normal way.  Managers / Head teachers are also required to monitor all additional purchased leave and ensure that it is managed properly, ***given that any*** ***leave cannot be carried over into the following year***. | | | | |
| **5. APPROVAL** | | | | |
| Written consent will be required in advance of the deduction from salary and before the leave is taken.  Approval of requests will depend upon the needs of the service and ***will be conditional upon no temporary or agency cover being required to cover the absence.***  Accountable Managers / Head teachers should endeavour to accommodate requests where it is possible. Request may be refused for operational reasons related to the job and service needs, which could include consideration of workloads and the periods of leave being taken by other members of staff that coincide with the request. If approval is not given, the Accountable Manager / Head teacher will give written reasons within 10 working days of receiving the request.  There is no right of appeal if a request is refused, however an employee can access the Grievance Procedure if s/he has a complaint that applies to the application of this scheme. | | | | |
| **6. PAYMENTS** | | | | |
| Payment for the additional annual leave can be made in one lump sum or in equal instalments over 12 months. | | | | |
| Employees engaged on temporary or fixed term contracts can access this scheme, subject to the eligibility requirement of one year’s continuous service. Payment for the additional annual leave can be made in one lump sum or in equal instalments, spread over the remaining months of the contract (if the contract end date is less than a 12 month period from the month of purchase).  Payment will be made through a deduction from salary.  Salary will be reduced by the value of the number of days purchased multiplied by the daily or hourly rate applicable at the time of processing the first salary deduction. The value of the deduction will be fixed for the period irrespective of any changes to the employee’s pay or contractual arrangements.  Pensionable pay will be reduced by the value as set out above. Should employees wish to, they can purchase Additional Pension Contributions in respect of this in accordance with Local Government Pension Scheme rules, i.e. if the purchase of Additional Pension Contributions is made within 30 days of the first deduction, the Council will pay the employer’s contribution. Employees should contact the Pensions Section on telephone number: 01792 636655 or email: pensions@swansea.gov.uk to arrange this, and should do so as soon as the annual leave purchase arrangement has started to ensure that pensionable pay and service records are correct. Further guidance can be obtained from the Swanrefundsea Pension Fund website www.swanseapensionfund.org.uk.  Employees who have Monday to Sunday contracts must indicate if they intend to take annual leave in respect of a Saturday and / or Sunday. The number of leave hours required and subsequent pay deduction will be increased to take account of the weekend premium.  Line managers / Head teachers are responsible for notifying payroll of approved applications to purchase additional annual leave and providing the signed authorisation / consent form from the employee for the salary deduction (appendix A). A copy of the form must be forwarded without delay to payroll in order to ensure that the appropriate and necessary salary adjustment is made. Deduction will commence from the first available pay period following receipt of notification of approval to payroll. A copy of the form must also be forwarded to the HR Employment Support Team for the employee’s personal record. | | | | |

**MANAGERS MUST ENSURE THAT FORMS ARE FORWARDED PROMPTLY TO PAYROLL TO ENSURE THAT PAYMENTS CAN BE PROCESSED WITHIN PAYROLL DEADLINES.**

**Appendix A**

|  |  |
| --- | --- |
| **Annual Leave Purchase Scheme**  Human Resources | monologo |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Annual Leave Purchase Scheme – Request and Approval Form** | | | | | | | | | | | | | | |
| **Part 1 – Employee Request** | | | | | | | | | | | | | | |
| Name | | | |  | | | | | | | | | | |
| Payroll Number | | | |  | | | | | | | | | | |
| Job Title | | | |  | | | | | | | | | | |
| SCP | | | |  | | | | | | | | | | |
| Directorate | | | |  | | | | | | | | | | |
| Department | | | |  | | | | | | | | | | |
| I confirm I have read and understand the rules and procedures of the Annual Leave Purchase Scheme. **I understand that my pensionable pay will be reduced.** I wish to make the following request to purchase additional annual leave under the terms of that Scheme: | | | | | | | | | | | | | | |
| Signed | |  | | | | | | Dated | |  | | | | |
| 1. **FULL-TIME NON VARIABLE CONTRACT EMPLOYEES ONLY** | | | | | | | | | | | | | | |
| I work full-time and I am applying to purchase: (enter number of hours) | | | | | | |  | | | | | | | |
| I plan to take this leave as follows:  (detail the period or separate occasions) | | | | | | |  | | | | | | | |
| **2. PART TIME OR VARIABLE WORKING PATTERNS EMPLOYEES ONLY** | | | | | | | | | | | | | | |
| I work part-time or a variable working pattern and I am applying to purchase:  (enter number of hours) | | | | | | |  | | | | | | | |
| and I intend to take these leave hours as indicated on the table below:   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Monday  HOURS | Tuesday  HOURS | Wednesday  HOURS | Thursday  HOURS | Friday  HOURS | Saturday  HOURS | Sunday  HOURS | |  |  |  |  |  |  |  | | | | | | | | | | | | | | | |
| 1. **REASON FOR REQUEST** | | | | | | | | | | | | | | |
| NOTE: Employees do not have to provide this information, but may wish to do so. | | | | | | | | | | | | | | |
| 1. **PAY DEDUCTIONS** | | | | | | | | | | | | | | |
| I would like to pay for this leave as follows (tick one option and provide detail) | | | | | | | | | | | | | | |
| A one off lump sum (enter pay month): | | | | | | | | | | |  | | | |
| In equal instalments over a period of 12 months commencing in (insert month) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |  | | | |
| **Temporary / fixed term employees only** – my contract ends on \_\_\_\_\_\_\_\_\_\_ (insert date) and I will pay for this leave in equal instalments spread over \_\_\_\_\_\_\_\_\_\_\_\_\_months. | | | | | | | | | | |  | | | |
| **Part 2 – Line Manager Commentary** | | | | | | | | | | | | | | |
| The line manager should provide a brief commentary 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 absence. | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Print Name |  | | | | Signed |  | | | | | | Date | |  |
| **Part 3 – Accountable Manager Authorisation** | | | | | | | | | | | | | | |
| Please complete the relevant section | | | | | | | | | | | | | | |
| APPROVAL GRANTED  I approve this request for the purchase of additional annual leave and can confirm that temporary or agency cover will not be required to cover the absence. | | | | | | | | | | | | | | |
| Signed | | |  | | | | | | Date | | | |  | |
|  | | | | | | | | | | | | | | |
| REQUEST REFUSED  I reject this request for the purchase of annual leave on the following grounds: | | | | | | | | | | | | | | |
| Signed | | |  | | | | | | Date | | | |  | |

NOTES

Part 1 – to be completed by employee and forwarded to line manager

Part 2 – to be completed by line manager and forwarded to the relevant Accountable Manager

Part 3 – to be completed by relevant Accountable Manager and returned to the line manager

The line manager will confirm the outcome to the employee and forward the form to the Payroll Section for processing if the request is approved, ensuring that a copy is also forwarded to the HR Service.

|  |  |
| --- | --- |
| **Annual Leave Purchase Scheme -**  **School Based Employees**  Human Resources | monologo |

**HEADTEACHERS MUST ENSURE THAT FORMS ARE FORWARDED PROMPTLY TO PAYROLL TO ENSURE THAT PAYMENTS CAN BE PROCESSED WITHIN PAYROLL DEADLINES.**

**Appendix B**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Annual Leave Purchase Scheme – Request and Approval Form**  **School Based Employees** | | | | | | | | |
| **Part 1 – Employee Request** | | | | | | | | |
| **Name** | | |  | | | | | |
| **Payroll Number** | | |  | | | | | |
| **Job Title** | | |  | | | | | |
| **SCP** | | |  | | | | | |
| **School** | | |  | | | | | |
| I confirm I have read and understand the rules and procedures of the Annual Leave Purchase Scheme. **I understand that my pensionable pay will be reduced.** I wish to make the following request to purchase additional annual leave under the terms of that Scheme: | | | | | | | | |
| Signed |  | | | | Date |  | | |
| 1. **FULL-TIME NON VARIABLE CONTRACT EMPLOYEES ONLY** | | | | | | | | |
| I work full-time and I am applying to purchase: (enter number of hours) | | | |  | | | | |
| I plan to take this leave as follows:  (detail the period or separate occasions) | | | |  | | | | |
| **2. PART TIME OR VARIABLE WORKING PATTERNS EMPLOYEES ONLY** | | | | | | | | |
| I work part-time or a variable working pattern and I am applying to purchase:  (enter number of hours) | | | |  | | | | |
| and I intend to take these leave hours as indicated on the table below:   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Monday  HOURS | Tuesday  HOURS | Wednesday  HOURS | Thursday  HOURS | Friday  HOURS | Saturday  HOURS | Sunday  HOURS | |  |  |  |  |  |  |  | | | | | | | | | |
| 1. **REASON FOR REQUEST** | | | | | | | | |
| NOTE: Employees do not have to provide this information, but may wish to do so. | | | | | | | | |
| 1. **PAY DEDUCTIONS** | | | | | | | | |
| I would like to pay for this leave as follows (tick one option and provide detail) | | | | | | | | |
| A one off lump sum (enter pay month): | | | | | | |  | |
| In equal instalments over a period of 12 months commencing in (insert month) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |  | |
| **Temporary / fixed term employees only** – my contract ends on \_\_\_\_\_\_\_\_\_\_ (insert date) and I will pay for this leave in equal instalments spread over \_\_\_\_\_\_\_\_\_\_\_\_\_months. | | | | | | |  | |
| **Part 2 – Head teacher Authorisation** | | | | | | | | |
| Please complete the relevant section | | | | | | | | |
| APPROVAL GRANTED  I approve this request for the purchase of additional annual leave and can confirm that temporary or agency cover will not be required to cover the absence. | | | | | | | | |
| Signed | |  | | | | Date | |  |
|  | | | | | | | | |
| REQUEST REFUSED  I reject this request for the purchase of annual leave on the following grounds: | | | | | | | | |
| Signed | |  | | | | Date | |  |

NOTES

Part 1 – to be completed by employee and forwarded to Head teacher

Part 2 – to be completed by Head teacher and confirm the outcome to the employee, forwarding the form to the Payroll Section for processing if the request is approved