

**University of Sheffield  
School of Medicine & Biomedical Sciences**

**ANNUAL LEAVE NOTIFICATION**

Please complete and return to: Jodie Burnham, PGR Secretary, Room LU116, Medical School

Name: \_\_\_\_\_

Section: \_\_\_\_\_

**Dates (inclusive)**

From: \_\_\_\_\_

Return: \_\_\_\_\_

Number of days: \_\_\_\_\_

Student Signature:

Date:

Supervisor Signature:

Date