

<b>QF221A</b>	<b>APPLICATION FOR TOIL</b>
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**Employee Details**

First Name	
Surname	
Position	
Contact Number	

**TOIL Request Information**

**Note: Application for TOIL must be approved prior to start date**

Date and time of TOIL	
Total number of hours	

**TOIL Accrual Information**

Date & Time of TOIL Accrual	
Reason for TOIL Accrual:	

**Signature of Employee:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_

**Approval of TOIL** *(to be approved and completed by Line Manager)*

**Approved**  **Not Approved**

**Reason for Refusal** *(if applicable):*

**Name of Manager:** \_\_\_\_\_

**Signature of Line Manager:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_