



HOLIDAY REQUEST FORM

Name

Address

.....

.....

Post code

Details of Holiday requested

First Day of Holiday/...../..... Last Day of Holiday/...../.....

Total No of Holiday days requested

Date you intend to return to work/...../.....

PLEASE NOTE:

We require at least three weeks notice for any paid holidays.
 No more than 10 working days to be taken at any one time.

Signed by Worker

Date

Office use only

Date Received

Processed by

Correct Notice Given Yes/No

Number of days to be paid

Worked contacted Date By Whom

Approved Yes/No

Planner updated Yes/No