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HOLIDAY REQUEST FORM

Name.....
Address.....
Post Code.....

Details of holiday days requested:

First day of holiday...../...../..... Last day of holiday...../...../.....
Total number of holiday days requested.....
Date you intend to return to work...../...../.....

PLEASE NOTE:

We require a minimum of 3 weeks notice for any paid holidays.
No more than 10 working days can be taken and paid 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.....
Work contacted: Date...../...../..... By whom.....
Approved: Yes/No
Planner updated: Yes/No



Registered in England and Wales
Company Registration No: 7584968