



HOLIDAY REQUEST FORM

Name

Company

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 twice the amount of notice for any paid holidays i.e. if you require one holiday day, you must give two days notice.

No more than 10 working days to be taken at any one time.

Signed by Worker

Date.....

Client use only

Approved Yes/No

Team Leader Name

Authorised signature

Date

IP Office use only

Date Received

Processed By

Correct Notice Given Yes/ No

Number of days to be paid