



HOLIDAY REQUEST FORM

Name: (Please Print) Employee No.:

Division: Commercial / Driving / Industrial / Skilled & Technical
*Please circle as appropriate

Number of days wishing to take:

Dates From: To: (inclusive)

Date back available for work:

Signed: Date:

OFFICE USE ONLY

Consultant to Complete

Total accrued number of holidays:

Date received holiday form:

Signed by: (Consultant)

Amount of days to
be taken as holiday

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ACCOUNTS OFFICE

Timesheet No.:

Pay date for holiday pay to be received:

Signed by: