

HOLIDAY PAY REQUEST

Surname: _____

First Name: _____

Please tell us the **exact dates** you will be absent from work

Holiday Required: From: _____ To: _____ (inclusive)

Total number of days requested: _____

For shift workers please tick the actual days you require as holiday

Mon	Tues	Wed	Thurs	Fri	Sat	Sun

Has this holiday been agreed by the client? **Yes** **No** **N/A**

Signature: _____

Print Name: _____

Date: _____

Email Address for confirmation: _____

- **Holiday pay is subject to sufficient time accrued**
- **If you do not receive a Letter of Confirmation within 1 week please check your form has been received**

For Office use only

Date Received:	_____
Authorised by: (Consultant/Manager)	_____
Date Paid:	_____
Signed:	_____