

## HOLIDAY PAY REQUEST

Surname: \_\_\_\_\_

First Name: \_\_\_\_\_

**Please put the exact dates you are absent from work**

Holiday Required:                      From: \_\_\_\_\_ To: \_\_\_\_\_ (inclusive)

Total number of days requested: \_\_\_\_\_

**Please indicate the actual days you require as holiday below**

Mon	Tues	Wed	Thurs	Fri	Sat	Sun
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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**
- ✓ **You will receive an email confirming a payment date close to your holiday dates, if do not receive this please check your form has been received**

**For Office use only**

Date Received:	_____
Division/Client:	_____
Date Paid:	_____
Amount:	_____