



# Holiday Form

Employee Name: \_\_\_\_\_ Employee Payroll No: \_\_\_\_\_

Date from\*

D	D	M	M	Y	Y
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Date to

D	D	M	M	Y	Y
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No. of Days:

\_\_\_\_\_

Date from\*

D	D	M	M	Y	Y
---	---	---	---	---	---

Date to

D	D	M	M	Y	Y
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No. of Days:

\_\_\_\_\_

Do you wish to be paid if entitled?

Yes

No

Date Form Completed

D	D	M	M	Y	Y
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## Client Authorisation

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_

On behalf of (company): \_\_\_\_\_

## Client Use Only

Do you require cover for the above period(s)?

Yes

No

If yes, please indicate the number of days, number of Temps, etc: \_\_\_\_\_

\* All holidays must be agreed a minimum of one week in advance.