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| **Holiday Request Form** |
|  |  |  |  |
|  |  |  |  |
| Name:  |   |  |  |
|  |  |  |  |
|  |  |  |  |
| Site Of Work: |   |  |  |
|  |  |  |  |
|  |  |  |  |
| Date: |   |  |  |
|  |  |  |  |
|  |  |  |  |
| I request holidays starting from: |   | to  |   |
|  |  |  |  |
|  |  |  |  |
| Normal Daily Working hours: |   |  |  |
|  |  |  |  |
|  |  |  |  |
| I will be Returning to work on: |   |  |  |
|  |  |  |  |
|  |  |  |  |
| Number of days requested off:  |   |  |  |
|  |  |  |  |
|  |  |  |  |
| Employee Signature:  |   |  |  |
|  |  |  |  |
|  |  |  |  |
| Supervisor Signature:  |   |  |  |
|  |  |  |  |
|  |  |  |  |
| Name of person covering: |   |  |  |
|  |  |  |  |
|  |  |  |  |
| **NB\* Minimum of 30 Days notice must be given** |  |  |
|  |  |  |  |
| **ANY HOLIDAYS DUE FROM START YEAR TO THE YEAR END ARE TO BE TAKEN WITHIN THAT**  |
| **CURRENT YEAR .NO HOLIDAYS ARE TO BE CARRIED FORWARD TO THE NEXT YEAR.** |