

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| **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.** | | | |