

HOLIDAY REQUEST FORM

Branch Working For:

Name:

Number of days:

Date From:

Date To:

Company

I confirm that I have obtained authorisation for this holiday from my supervisor at the above company.

Signed

Date Requested

All holiday requests must be received a minimum of one week prior to the holiday date. For holidays of longer than one week, notice of twice the length of the holiday must be given. Deadline is Thursday 12noon. You will only be paid on available accrued holiday.

Payment Week No:

Authorisation by Major Recruitment