

Administration



Personnel – Holiday Request Form

Please complete the form below and return to office.

Name	
Date of first day of holiday	
Date of last day of holiday	
Total no. of days requested	
Date of request	

All requests must be made **at least** two weeks prior to the holiday period required.

You will be notified verbally once your request has been processed.

Signed (employee)		Date	
----------------------	--	------	--

FOR OFFICE USE

Holiday entitlement	
Previous days taken	
Balance remaining	
Notes	

The above dates have/ have not been authorised.			
Signed		Date	

Copy for file	Site Manager	Office
---------------	--------------	--------