Holiday Request Form

Name of Employee:	Date of Application:

I wish to apply for Holidays / Days Off (State Dates Required)

From ___/___/_____ Till ___/___/_____

Last Shift Planned to Work: ___/___/_____

Please indicate if holiday pay is required on payday prior to holiday period	YES	NO

Holiday Cancelation

I wish to cancel my above requested Leave. Signature: _____

Important Notes:
Please note that holidays must be authorised by management and booked at least 28 days in advance. No holiday is to be taken between 1ST December – 31ST January. Holidays should be taken at mutually convenient times to both parties and no more than two weeks holiday may be taken at any one time unless your manager gives permission. Please return this slip to the office and wait for confirmation of your holiday.

For Office Use Only

Accounts Department (For Entitlement Confirmation)

Holidays Available: _____ No. of days request (above) _____ Holidays Remaining: _____

Signed:_____ Print Name:_____ Date:_____

Managing Director or nominated qualified person

Holidays Approved **YES / NO**

If no, state reasons for rejection _____

Employee Notified: **YES / NO**