



HOLIDAY REQUEST FORM

PLEASE COMPLETE FORM DIGITALLY OR IN BLACK INK
DIGITAL SIGNATURES ARE NOT ACCEPTED

Contractors name.....

Client name & location.....
.....
.....

Number of days requested.....

From..... To.....

Client approval signature.....
Digital signatures are not accepted, please sign in black ink.

Date annual leave requested.....

Contractors signature.....
Digital signatures are not accepted, please sign in black ink.

PLEASE NOTE

This form must be sent to JLCL one week prior to taking your holiday.
Please fax FAO Payroll Dept. on 01384 441782, or via email to: welfare@jonlee.co.uk

The amount of payment which you will receive in respect of periods of annual leave taken during the course of an assignment will be calculated in accordance with and paid in proportion to the number of hours which you have worked on the assignment.