

PAID HOLIDAY REQUEST FORM

Name of worker:	
Holiday start date:	Holiday end date:
Number of days holiday requested:	
Signed:	Date of request:

NOTE: Please inform us as soon as you know you wish to request holiday. The minimum notice you must give is twice the number of days than you wish to take off, e.g. four days' notice to take two days leave. The company reserves the right to serve you counter-notice should business conditions dictate. In the event of your holiday request being denied we will endeavor to comply with a holiday request at a later date as soon as is practicable. You will only receive holiday pay if you have accrued it.

Unused holiday entitlement may not be carried forward into a new holiday year and no payment will be made in respect of the holidays not taken. It is therefore in your interests to ensure that you take your full annual leave entitlement in each holiday year.

For Office use only

Date request received:
Confirm entered onto leave spread sheet: <input type="checkbox"/> Confirm scanned into personnel file: <input type="checkbox"/>
Processed by:
Signed: