

REQUEST FOR HOLIDAY

Full Name: _____

Position: _____

Leave Requested:

Last day of work _____

First day of Holiday _____

Last day of Holiday _____

Number of Weeks: _____ Number of Days: _____

I will be returning to work on: _____

Please Tick: Holiday Leave Other

Employee Signature: _____

Approved By: _____

OFFICE USE ONLY

Holidays Accrued: _____ *Balance:* _____

Signature: _____ *Date:* _____