

Holiday Form for Temporary Workers

Name of Tem	porary	Worker						
Temporary W	Vorker E	Employee	Numbe	er				
Client worke	d for							
I request the fo	llowing d	ates as pa	id annua	l leave:				
No. of dove	From			Until			Cianatura	
No. of days	Day Month		Year	Day	ay Month		Signature	Date
(Notice to take leave must be at least as long as the period of intended leave)								
OTHER REQUESTS:								
FOR OFFICE	USE O	<u>NLY</u>						
Consultant to c	<u>omplete</u>							
Approved dates	s of paid	annual lea	ve:					
P45 and all remaining holiday requested: (please tick) Leaving Date:								
Signature:Date:								
Co-ordinator to	complet	<u>e</u>						
Approved dates	s of paid	annual lea	ve:					
Signature:				Date:				
Week End	Num	Number of Weeks			Timesheet / Payroll Signature			
								_
								_
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