

**HOLIDAY/DAY OFF REQUEST FORM**

Please note that Holiday request forms to be submitted at least two weeks in advance. Also note that the holiday’s approval are subject to availability of relief staff in the unit/s you work in.

**Holidays are not automatically approved.**

**TEMP AGENCY WORKER:**

Please note the date (Thursday) that you would like your Holiday wages to reach your account

/ / .

**Please contact the accounts office if you need confirmation of how many holiday days you have.**

**Details:**

**Number of days requested:**

**Date Commencing Leave:** (DD/MM/YY)

**Last Date of Leave:** (DD/MM/YY)

**Date returning to work:** (DD/MM/YY)

*(NOTE: If seeking holiday pay when leaving the company, it will delay for 2 weeks your P45 process.)*

**Reason for Absence:**

* **Study Leave**
* **Doctor’s appointment**
* **Jury Service**
* **Bereavement**
* **Court Attendance**
* **Holidays**
* **Other**

**Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:**

**Three Q Temps**

**Authorisation Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:**

**Unit Mangers Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:**