**LEAVE REQUEST FORM**

Please note that Leave Request Forms are to be submitted **at least two weeks in advance**. Also note that the **leave approval is subject to availability** of relief staff in the unit/s you work in.

**Leave is not automatically approved**

Temp Agency Worker / Office Staff Name:

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

Please contact the payroll office if you need confirmation of how many annual leave days you have left on payroll@3qrecruitment.ie .

**Details:**

**Number of hours holiday pay requested:**

**Date Commencing Leave:**

**Last Date of Leave:**

**Date returning to work:**

**\*Note: If travelling to an overseas location that requires you to quarantine on your return, please enter the Date Returning to Work as the day after the quarantine period ends.**

**Reason for Absence:**

Study Leave  Jury Service  Annual Leave

Doctors Appointmet  Bereavement  Court Attendance

Other

Employee Signature: Date:

Three Q Temps Authorisation Signature: Date:

Unit Mangers Signature: Date: