

Holiday Request Form Please Use Block Capitals

2 weeks notice required for all holiday requests.

Worker Details	
Name	
Address	
Date of Birth	
NI Number	
Leaving Date (if applicable)	
Holiday Start Date	
Holiday End Date	
Total Days Required	
Worker Signature / Date:	Branch Manager Signature:
HR Signature:	
Branch Admin Use Only	
Week Number:	
Updated on system (Flo) Yes / No	
Number of Days Paid:	
Comments:	
Exceptions (when required)	
Reason for Exception:	