

Placing People HOLIDAY REQUEST FORM

This form must be sent to us at least two working weeks prior to the start of the required leave. Failure to complete this form correctly will result in non-payment of annual leave.

Name of Temporary Worker: _____

On assignment at: _____

Dates leave required: **from:** _____ **to:** _____

Total number of days required: _____
(hours paid per day will be calculated
on previous average hours worked)

Temporary Worker's signature: _____

Consultants Signature _____

Date: _____

For Office Use Only

Date received:

Consultant's signature:

Approved by:

Date: