SGFM LTD T/A The Services Group

HOLIDAY APPLICATION FORM

This application <u>MUST</u> be forwarded to OPERATIONS MANAGER once completed

NOTE:

- **REQUESTS FOR LEAVE DURING BANK HOLIDAY PERIODS WILL NOT BE GRANTED & ALL HOLIDAY REQUEST WILL BE GRANTED AT MANAGEMENT DESCRETION.**

- **REQUEST FOR 1 TO 4 DAYS   -   1 WEEKS NOTICE IS REQUIRED**

- **REQUEST OF 5 DAYS OR MORE   -   4 WEEKS (28 DAYS) NOTICE IS REQUIRED**

NAME   : ....   **I.D. NUMBER :** ....

SITE REF : ....   **DEPARTMENT :** ....

I wish to apply for the following leave : **Day(s) Off (Paid)***   **Day(s) Off (Unpaid)***   **Holiday (Paid)***   **Holiday (Unpaid)***
Please circle appropriate Holiday Type

Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun

DATE OF REQUEST   : ....

SIGNATURE   : ....

──────────────────── **DO NOT WRITE BELOW THIS LINE** ────────────────────

FOR OFFICE USE ONLY

OPERATIONS DEPARTMENT

Date received   : ....

HOLIDAY ENTITLEMENT : ....   DAYS TAKEN : ....   BALANCE : ....

APPROVED / REJECTED*
* Circle applicable

Reason   : ....

Name   : ....   Position   : ....

Signature   : ....   Date   : ....

Operations Schedule Updated :   **YES / NO**

Name   : ....   Date   : ....

ACCOUNTS DEPARTMENT

For accounts department W/E : ....

Received by : ....   Date   : ....

Completed by: ....   Date   : ....

Day(s) Off (Paid) ....   Day(s) Off (Unpaid) ....   Holiday (Paid) ....   Holiday (Unpaid) ....