

Fax completed form to 01775 822375

**All Holiday leave must be requested using this form.**

PLEASE NOTE: Notice of **Double** the holiday period is required (i.e. 1 Weeks Holiday = 2 weeks notice)



Surname ..... Forename .....

Start Date ..... Finish Date .....

Total Number of Days .....

**Please use one Holiday Request Form per week (Mon-Sun)**

**Authorised by**

Client Name .....

Supervisor/Manager Name .....

Signature of Supervisor/Manager .....

\*Holidays must be authorised by the client company you are working in

**Office use only**

Date Received ..... Week No. Paid .....

Days Requested ..... Days Paid .....

Days Accrued ..... Hours Paid .....

Days to be Paid .....

integrity plus staff signature .....