

## **Associate Leave Request Form**

			**	* Branch use	only ***			
Applicable Weeker	nding Date (S	Should be o	ı Sunday):	/ /20		Branch:		
Associate First Nam	ne:			Assoc	iate Surnan	ne:		
Fasttrack ID: 1								
□ ADP □	RDP HP review			Comment:				
Adecco Consultant	:			Date o	of request:			
			***	Associate us	se only ***			
Please tick correct l	box (es):							
Holiday Pay		Alternate Do	іу 🗆	Other. Pleas	se specify:			eave.
Request <b>Holida</b>	y pay due to	TERMINAT	<u>ING</u> employm	nent with Ade	ecco Persor	nnel Ltd (Stan	d down period	of 4 weeks appli
Please fill out inforn	mation belov							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	TOTAL
Date								
2 4.0								
Days/Hours								

\*\*\* Payroll use only \*\*\*