

HOLIDAY REQUEST FORM

Please use block capitals

| WORKER DETAILS | |
|--|---|
| Name | |
| Address | |
| DOB | |
| NI No | |
| Leaving date (if applicable) | |
| Holiday Start Date | |
| Holiday End Date | |
| Total days required | |
| Worker Signature / Date: | Consultant Signature: Replacement Required: Yes No |
| Comments by the client: | |
| | |
| | |
| Branch Manager Signature for requests of between 6 – 10 Days | Ops Director Signature for requests over 10 Days |

| BRANCH ADMIN USE ONLY | |
|---|----------|
| Clock no: | Week no: |
| Updated on STNet / Applicant Card / Spreadsheet Yes / No | |
| Branch Administrator Signature / Date: | |
| | |
| No of Days Paid: | |
| Comments: | |

| EXCEPTIONS (when required) | |
|-----------------------------------|--|
| Reason for Exception | |
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