

HOLIDAY REQUEST FORM

NAME IN FULL _____ **DEPARTMENT** _____

From _____ To _____ No. of Days _____
 (First Day of the Holiday) (Last Day of the Holiday) (Excluding Days Off)

Date of Return to Work _____

Comments _____

YOU MUST USE A HOLIDAY REQUEST FORM FOR EACH WEEK OF YOUR HOLIDAY

INSERT DATES ON THE TOP LINE

INSERT NUMBER OF HOURS (UP TO 8 FOR A FULL DAY) ON EACH DAY OF HOLIDAY TAKEN

UP TO A MAXIMUM OF 5 DAYS

CLEARLY MARK AT LEAST 2 DAYS OFF EACH WEEK

	MON	TUE	WED	THU	FRI	SAT	SUN	
DATES								
HOURS								TOTAL

SIGNATURES

EMPLOYEE _____ DATE _____

H.o.D. _____ DATE _____
 (First Authorisation)

GM/DGM _____ DATE _____
 (Final Authorisation)

HOLIDAY REQUESTS MUST NOT BE CONSIDERED AS GRANTED UNTIL THE FINAL AUTHORISATION BY THE GENERAL MANAGER OR DEPUTY G.M.

INCOMPLETED OR INCORRECT FORMS WILL BE RETURNED TO THE EMPLOYEE AND THE HOLIDAY REQUEST INVALIDATED AND/OR DELAYED

HOLIDAYS INDICATED ON THE ROTA WHICH DO NOT COINCIDE WITH AN AUTHORISED HOLIDAY FORM WILL NOT BE PROCESSED

ADMIN ONLY

Incorrectly Completed Request Declined Processed

Returned by: _____ by: _____ by: _____