

**Holiday Request Form**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date(s) \_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_ Total number of days

Back to work date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorised by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employee Signature \_\_\_\_\_\_\_\_\_\_\_\_