



HOLIDAY REQUEST FORM (TEMPORARY WORKERS)

Temporary Workers Name:	
Registration Number:	
Holiday Date(s) Required:	
Return to Work Date:	

To be signed by the temporary worker if present when requesting holiday:-

Signature Of Temporary Worker:	
Date:	
Signature of Consultant:	

If a written holiday request is received, the recording consultant must sign and date below:-

Signature of Consultant:			
Holiday Request Received By:	Email		Letter
Date:			

For Payroll Use Only:			
Holiday Pay Paid:	No of Days	x Value Per Day	= Holiday Pay
			<u>1</u> x
Signature Of Payroll Administrator:			
Payroll Week Ending Date:			

Norwich Fax: 01603 764755/01603 629757 norwichdriving@contract-personnel.ltd.uk norwichindustrial@contract-personnel.ltd.uk norwichoffice@contract-personnel.ltd.uk	Thetford Fax: 01842 751415 thetfordbranch@contract-personnel.ltd.uk
--	--

Diss Fax: 01379 407677
