



HOLIDAY REQUEST FORM

PART A: PERSONNEL FILE RECORD

Staff Member Name:

Position:

Number of working days required:

First working day of holidays:

Last working day of holidays:

Signature of staff member:

Signed by line Manager:

Do you require holiday pay: Yes No - Please circle to indicate

When would you like the holiday pay to be paid:

PART B: LINE MANAGER CHECK AND SANCTION. LINE MANAGER WILL FILL OUT SECTIONS C WHERE APPLICABLE AND IS RESPONSIBLE FOR NOTIFICATION OF PAYROLL - SECTION D IS RETURNED TO THE STAFF MEMBER AS PROOF OF HOLIDAY REQUEST GRANTED—HOLIDAYS ARE ONLY SANCTIONED AT THE RETURN OF SECTION D.

Holiday entitlement year to date:

Holidays sanctioned but paid in advance:

Holidays sanctioned but unpaid:

Staff Member Name:

Request Approved/Denied (delete as appropriate)

Comment/Explanation:

Signature of Line Manager:

PART C: FOR ONWARD TRANSMISSION TO PAYROLL/ACCOUNTS

Staff Member Name:

Holiday Pay: Please pay _____ days holiday pay

Week commencing/Friday holiday pay date:

