

HOLIDAY <u>REQUEST</u> FORM					
PART A: PERSONNEL FILE F	RECORD				
Staff Member Name:		Position:			
Number of working days red	quired:	First working o	lay of holidays:	Last working day of holidays:	
Signature of staff member:				1	
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 <u>SANCTIONED</u> AT THE RETURN OF SECTION D.					
Holiday entitlement year to date:	Holidays sanctior advance:	ned but paid	in Holidays sar	nctioned but unpaid:	
Staff Member Name:					
Request Approved/Denied (delete as appropriate)	Comment/Explana	tion:			
Signature of Line Manager:					
PART C: FOR ONWARD TRANSMISSION TO PAYROLL/ACCOUNTS					
Staff Member Name:					
Holiday Pay: Please pay _	days ho	liday pay			
Week commencing/Friday h	 noliday pay date:				



## HOLIDAY REQUEST FORM PART D: FOR EMPLOYEE OWN RECORDS AND PROOFS

PART D: CONFIRMATION TO EMPLOYEE						
PART D: CONFIRMATION TO Staff Member Name:	Your request for holidays on has been: ACCEPTED AND SANCTIONED  DENIED  The reason for the denial of holidays at this time is (Line Manager to e sign):	xplain and				
	Signature of Line Manager:					