HOLIDAY REQUEST FORM

Employee Name: _____ **Dept:** _____

Holiday Year: _____ **Annual Holiday Entitlement** _____ **days/hours**

****

Current Year

Days carried over from previous year _____ **Long service days?** _____

Total in current year _____ **days/hours** **Manager authorised** _____

FOR COMPLETION BY EMPLOYEE			FOR MANAGEMENT USE ONLY			
					IF APPROVED	
DATES FROM - TO	NUMBER OF DAYS	SIGNED	APPROVED Initial and Date	REFUSED Initial and Date	DAYS TAKEN	DAYS STILL DUE