



TEMPORARY WORKER
HOLIDAY REQUEST/CONFIRMATION FORM

NAME:	
DATE:	

Please list the inclusive dates you have requested including bank and public holidays	No. of Days/Hours*

Signed by: _____	(Employee)
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No. of Days/Hours* Leave Requested This Time:	
Total Leave Taken OR BOOKED This Year (Days/Hours*):	
No. of Days/Hours* Leave Remaining for Year:	

Signature: _____
Print name: _____

* Please delete as applicable.

We recommend you retain a copy of this document for your own records.