

HOLIDAY REQUEST FORM

ALL HOLIDAYS MUST BE REQUESTED 10 WORKING DAYS IN ADVANCE NAME: Payroll No: Date of Request: SITE: Supervisor: Total Working Days as Holidays: No. Days normally worked per week? HOLIDAY DATES: DATE FROM is the FIRST day you are off, and DATE TO is LAST day off 1st Preference: Date From: Date To: Date To: 2nd Preference: Date From: Employee Signature: OFFICE USE ONLY

printed by antrim printers t: (028) 9442 8053 (0735)

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Authorised By:

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