

Inplace Personnel Services Ltd

HOLIDAY REQUEST FORM

Your Name: _____

Client Working at: _____

Holiday dates requested:

Last Date of Work: Day Month Year

Date Returning to Work: Day Month Year

Please tick the days you are on holidays:

Mon	Tue	Wed	Thu	Fri	Sat	Sun

Mon	Tue	Wed	Thu	Fri	Sat	Sun

N. B Holidays should not be booked until approval for time off is confirmed. No more than 2 weeks' holidays will be authorised.

Employee sign _____

Date _____

Line Managers Signature: _____

Note-Holidays should not be taken as being automatically authorised. We will always confirm your holidays within 24 hours of receiving your holiday request. If you do not receive confirmation please call the office – 01773 546777. The more notice the better; the minimum notice period is 7 days. Less than 7 days you WILL NOT get your holiday authorised as in paid holidays.