



Corporate Member



Holiday Request Form

Client Name (please print): _____ **Branch:** _____

Agency Worker Name: _____ : _____ Payroll Number: _____

Date from: _____ Date to: _____ No. of Days: _____

Date from: _____ Date to: _____ No. of Days: _____

All Agency Workers must give at least twice as much notice as the number of days leave requested e.g. if 5 days leave requested then at least 10 days notice must be given.

Do you wish to be paid if you are entitled? Yes No

Hirer authorisation

Name: _____ Position: _____ Date: _____

on behalf of: _____ (Company Name)

Hirer use only

Do you require cover for the above period(s): Yes No

If Yes, please indicate number of days, how many Agency Workers, etc: _____