

Holiday Form for Temporary Workers

Name of Tem	porary	Worker:							
Temporary Worker Employee Number:					:				
Client worked									
I understand tha	at I must	take my ac	crued ho	oliday dur	ing my ho	liday yea	r		
I understand that my holiday year starts from n					•				
Details of how n	nuch ho	liday I have	accrued	l is locate	d on my p	ayslip			
Notice to tak	e keav	e must b	e at lea	ıst as lo	ng as th	ne perio	d of intende	d leave	Э
I request the fol	lowing d	lates as pai	d annual	l leave:					
No. of days	From			Until			Signature		
	Day	Month	Year	Day	Month	Year	Oignature	Date	
OTHER	REQUES	STS:							
FOR OFFICE	USE O	NLY							
Consultant to co	<u>omplete</u>								
Approved dates	of paid	annual leav	/e:						
P45 and all remaining holiday requested: (please tick) Leaving Date:									
Signature: Date:									
Co-ordinator to complete									
Approved dates	of paid	annual leav	/e:						
Signature: .				Date:					
9									
Updated on Aspi	re by (In	itials)							
Week End	Number of Weeks				Payroll Signature				
							-		
								1	
								1	
								1	