

HOLIDAY REQUEST FORM

This form must be signed by a representative from **Tennial Personnel Ltd** failure to do so could result in non-payment of holiday pay. You must complete and sign this form, giving advance notice which should be at least twice as long as the amount of holiday you wish to take.

Name: _____

Date: _____ **Payroll Number:** _____

Time off Requested:

	Day	Month	Year
From			
To			

Total number of days or hours requested: _____

(Please advise us of hours specifically in the case where your working week is generally less than 5 days)

Signed by the worker: _____

The holiday year commences on the Company's Financial Year week 1 and concludes on Week 52 each year (week numbers are displayed on your payslip).

OFFICE USE ONLY:

Authorised by: _____

Signed: _____

Date: _____