

Fax completed form to 01775 822375

All Holiday leave must be requested using this form.

PLEASE NOTE: Notice of **Double** the holiday period is required (i.e. 1 Weeks Holiday = 2 weeks notice)



Surname Forename

Start Date Finish Date

Total Number of Days

Authorised by

Client Name

Supervisor/Manager Name

Signature of Supervisor/Manager

*Holidays must be authorised by the client company you are working in

Office use only

Date Received

Days Requested

Days Accrued

Days to be Paid

integrity plus staff signature