



Holiday Request Form

Employee Name:	Date Submitted to Office:
Holidays/Days Off (State Dates Required)	
Last Shift Planned to Work:	
Start Back Date: _____ Time Available: _____	
Please indicate if holiday pay is required on payday prior to holiday period: YES/NO	
Important Notes: Not more than one officer at a time is allowed to be absent on holiday from a multi-manned site. Holidays are to be applied for a minimum of <u>four</u> working weeks before the start date. Holidays will not be accepted unless in exceptional circumstances during the Christmas/New Year period and on Bank Holidays	
For Office Use Only Accounts Department (For Entitlement Confirmation) Entitlement b/f _____ No. of days request (above) _____ Entitlement Remaining: _____ Signed: _____ Print Name: _____ Date: _____ Managing Director or nominated qualified person Approved Y/N If no, state reasons for rejection _____ Employee Notified: _____ Signed: _____ Print Name: _____ Date: _____ Control Room (For Approved Holidays Only) Scheduled on system? Y/N Rota Adjusted? Y/N Date of Input: _____ Signed: _____ Print Name: _____ Date: _____	
Note: File in Employee Personnel File	
Employee Signature _____	

Document Ref: JSS/ H05/ VR- 1.0

Issue No: 1

Date of Issue: 30/05/2018

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