



HOLIDAY REQUEST FORM

NAME OF TEMP WORKER.....
 DEPARTMENT EMPLOYED BY.....
 HOLIDAY W/C.....

	DATE	HOURS REQUESTING
MONDAY		
TUESDAY		
WEDNESDAY		
THURSDAY		
FRIDAY		
SATURDAY		
SUNDAY		
	TOTAL HOURS	

I confirm that my place of work have authorised this time off, and I understand if I have not accrued enough holiday entitlement it will be taken as part-paid or unpaid leave.

Worker's signature: _____ **Date:** _____

FOSB Payroll Department

Signature: _____ **Date:** _____

Comments:

- Requests for paid holiday **MUST** be sent **5 FULL WORKING DAYS** prior to the holiday being taken
e.g. a holiday request for Friday 13th September must be submitted on, or before Thursday 5th September
- All accrued holiday entitlement **MUST** be taken within each leave year (Jan to Dec)
- Holiday hours **MUST NOT** be recorded on the timesheet, only actual hours worked must be shown
- Timesheets **MUST NOT** be submitted in instances where payment is expected purely for holiday and no hours have been worked that week

Please email your holiday request form to:

holidays@fosb.com