

JOB NO.

JOHN PEARCE GLYNNEATH LTD HOLIDAY REQUEST FORM

THIS FORM SHOULD BE COMPLETED AND COUNTERSIGNED BY YOUR MANAGER/GENERAL
MANAGER AT LEAST 10 DAYS PRIOR TO COMMENCEMENT DATE OF YOUR REQUESTED
HOLIDAY

HOLIDAYS ARE NOT APPROVED UNTIL A SIGNED COPY OF THIS REQUEST HAS BEEN
RETURNED TO YOU

NAME

DATE

DAY

DATE

LAST DAY AVAILABLE FOR WORK

DAY

DATE

HOLIDAY START DATE

LEAVE DAYS EXCLUDING
WEEKENDS/BANK HOLIDAYS

DAY

DATE

FIRST DATE AVAILABLE FOR WORK

TIME

DATE

REQUEST FOR LATE START

TIME

DATE

REQUEST FOR EARLY FINISH

SIGNED EMPLOYEE

SIGNED MANAGER