



HOLIDAY REQUEST FORM

This form is to record requests for holiday leave and is to be completed by the employee and countersigned by one of the Partners. It must be completed for all requests for holiday leave of ½ day or more.

Full name of employee:	
First date of proposed holiday absence:	
Last date of proposed holiday absence:	
Total number of working days of proposed absence:	
Please give any information you would like us to take into account in relation to this request:	

I declare the above information to be correct. I understand that my request for holiday is not authorised until this form has been countersigned by one of the partners. I accept that any leave that I purport to take without the prior authorisation of one of the partners will be viewed by the business as unauthorised absence, which is a gross misconduct offence and could result in my dismissal.

Signed by employee:

Authorised by Partner:

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Date:

Date: