



**TEMPORARY EMPLOYEE HOLIDAY REQUEST FORM**  
**\*\*\* PAYE ONLY \*\*\***

Name:	
Employee No:	
Cost Centre:	
Place of Work:	
Dates Required for Holiday:	
Number of Days / Hours:	
Number of Days / Hours Taken:	
Consultant Signature:	
Consultant Name:	
Accounts Dept Signature:	
Accounts Dept Name:	
Date:	
<b>NOTICE REQUIRED FOR HOLIDAY MUST BE TWICE THE AMOUNT OF HOLIDAY BOOKED, INADEQUATE NOTICE WILL RESULT IN NON PAYMENT.</b>	
<b>BRANCH USE ONLY</b>	
Holiday Pay Rate (Per Hour)	
<b>ACCOUNTS USE ONLY</b>	
Date Received:	
Day Accrued:	
Days / Hours Already Taken:	
No of Days / Hours to be Paid:	
Amount to be Paid:	
Paid in Payroll Week:	

\*\*\* Please return this form via email to [victoria@spinnakercontractservices.co.uk](mailto:victoria@spinnakercontractservices.co.uk) \*\*\*