

S

A

M

P

L

E

Employee Name _____

Branch/Dept _____

Payroll ID _____

I request the following holiday:

From: _____ start time _____

To: _____ finish time _____

a total of _____

Employee's signature _____ Date _____

Annual entitlement _____ annum

Holiday leave taken to date (including a) _____ day(s)

This request for holiday is approved

Manager's signature _____ Date _____