

HOLIDAY REQUEST FORM:

Fax: 01622 320049

Please note that we do ask for 7 days notice of any paid leave that you wish to take, and that the dates chosen should be convenient for our client.

Please complete:

Your name:	Currently working at:
Holiday requested: From:	To:
Total days taken	

Signed by Temp:	Signed by Client:
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Goldhawk Associates use only:

Holiday entitlement available to date:	
Dates checked with client	Yes <input type="checkbox"/> No <input type="checkbox"/>
Holiday agreed:	Print Name:
Signed:	Date: