



## Holiday Request Form

Employee Name:	Date Submitted to Office:
Holidays/Days Off (State Dates Required)	
Last Shift Planned to Work:	
Start Back Date: _____ Time Available: _____	
Please indicate if holiday pay is required on payday prior to holiday period: YES/NO	
Important Notes: Not more than one officer at a time is allowed to be absent on holiday from a multi-manned site. Holidays are to be applied for a minimum of <u>four</u> working weeks before the start date. Holidays will not be accepted unless in exceptional circumstances during the Christmas/New Year period and on Bank Holidays	
For Office Use Only	
Accounts Department (For Entitlement Confirmation)	
Entitlement b/f _____ No. of days request (above) _____ Entitlement Remaining: _____	
Signed: _____ Print Name: _____ Date: _____	
Managing Director or nominated qualified person	
Approved Y/N If no, state reasons for rejection _____	
Employee Notified: _____	
Signed: _____ Print Name: _____ Date: _____	

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Issue No: 1

Date of Issue: 1<sup>st</sup> December 2020

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## Holiday Request Form

Control Room (For Approved Holidays Only)

Scheduled on system? Y/N Rota Adjusted? Y/N Date of Input: \_\_\_\_\_

Signed: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Note: File in Employee Personnel File

Employee Signature \_\_\_\_\_