

Name of Worker		Telephone Number	
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**HOLIDAY REQUEST – DETAILS** (to be completed by Temporary Worker)

I would like to request paid holiday:

From ..... to .....

Total number of days requested .....

Date of Request .....

Signed .....  
(by Agency Worker)

Approved\*.....  
(by Client)

\*Please note, whilst your Supervisor has approved this holiday request, payment is not confirmed unless you have received confirmation from the agency that you are entitled to the amount of holiday requested and that you have made your request in the required timescale (see Section 6 of your Terms of Engagement (Contract for Services) for more details

**FOR OFFICE USE ONLY**

Name of Worker		Payroll Number	
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**HOLIDAY REQUEST – CONFIRMATION** (to be completed by Absolute Payroll)

**YOUR HOLIDAY REQUEST HAS BEEN APPROVED AND CONFIRMED AS FOLLOWS\*\*:**

From ..... to .....

Total number of days approved .....

Signed .....

**\*\* Please note: if you book additional holidays before this holiday has been paid, the amount of holiday you have accrued will be reduced and may affect payment of the holiday requested on this form.**