

## **HOLIDAY PAY APPLICATION FORM**

NAME	
ADDRESS	
Post code _	
N.I NUMBER	
Holiday Request  Lyould like to apply for the following hel	iday antitlamant
I would like to apply for the following hol	iday enutiement
Date From	
Date To	
No of days required	
I understand and agree that I will not be working whils	et claiming Holiday Pay.
Holiday Pay cannot be issued where a Temp. has decladuty.	ared themselves not fit for
One week's notice must be given for this application to	be processed.
Signed	