



Holiday Request Form

Name of Temporary Worker:	
Position at Assignment:	
Working at:	
Dates Requested for Annual Leave:	
First Date of Annual Leave:	
Last Date of Annual Leave:	
Expected Return Date:	
Total Number of Days Holiday Requested:	
Holidays Authorised by (please print name):	
Job Title of Line Manager:	
Date Annual Leave was Authorised:	
Signature of Line Manager:	
Signature of Temporary Worker:	

FOR OFFICE USE ONLY

Annual Leave Processed On:	
Processed By:	