

## Holiday Request Form

Name of Worker .....

### Dates Requested

Week Commencing .....

Please mark days to be taken as holiday with an "X" leaving all others blank

MON	TUE	WED	THU	FRI	SAT	SUN
MON	TUE	WED	THU	FRI	SAT	SUN
MON	TUE	WED	THU	FRI	SAT	SUN

*Please note that Jacob Thomas Associates can only pay holiday requests if they are received within **7 DAYS** of the requested dates to be taken.*

Signed by Worker ..... Date .....

Supervisor/HR ..... Supervisor/HR .....

Signature

Print Name

Please fax signed request to **0844 357 6848**