



ABSENCE/HOLIDAY REQUEST FORM

NAME:	DATE:
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REASON FOR ABSENCE (please tick appropriate box)

HOLIDAY*
 (Please specify below)

ABSENCE*
 (Please specify below)

OTHER *
 (Please specify below)

*

Please fill in the first day you are **NOT** at work in the **FROM** column, the last day you are **NOT** in work in the **TO** column and enter the total days of absence in the **TOTAL DAYS** column.

NB this must not include Weekends or Bank Holidays

FROM	TO	TOTAL DAYS

Authorized Yes/No	Signed:	Number of days left	
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NOTE: THIS FORM WILL ONLY BE ACCEPTED AS GENUINE IF IT IS COMPLETED IN YOUR OWN HAND!