

APPLICATION FOR HOLIDAY ENTITLEMENT

NAME: _____ PAYROLL No: _____

EMPLOYMENT LOCATION: _____

DEPARTMENT/SHIFT: _____

WEEK 1	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
DATE:							
NUMBER OF HOURS/DAYS:							

TOTAL HOURS PER 1ST WEEK: _____

WEEK 2	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
DATE:							
NUMBER OF HOURS/DAYS:							

TOTAL HOURS PER 2ND WEEK: _____

WEEK 3	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
DATE:							
NUMBER OF HOURS/DAYS:							

TOTAL HOURS PER 3RD WEEK: _____

IF HOLIDAY IS TO BE TAKEN OUTSIDE OF THE EEC/EEA where?

(Please note that if you come into contact with/or contract any infectious/contagious diseases or diarrhoea and/or sickness during your holiday, you must notify on site Agency Representative before returning to work to arrange a return to work interview)

DATE FORM COMPLETED: / /

SIGNED (employee):

ON SITE MANAGERS/SUPERVISORS ONLY (if applicable)

MANAGER/SUPERVISOR NAME: _____

SIGNED (Manager/Supervisor): _____ DATE: _____

RECROOT STAFF ONLY

HOLIDAY GRANTED: YES/NO FACTORY INFORMED: YES/NO

ENTERED ON PAYROLL: YES/NO CORRECT NOTICE GIVEN: YES/NO

SIGNED (recroot's staff): DATED: _____

