## PAYE CANDIDATES HOLIDAY REQUEST FORM



www.advantageresourcing.co.uk

Advantage Resourcing is required to monitor and authorise payment for leave in accordance with the current Working Time Regulations. It is essential that you follow the procedure below in order to receive payment for your leave entitlement.

- 1. For each period of paid leave a Leave Request Form must be completed by you and authorised by your Client Manager.
- 2. The authorised forms should then be faxed to the Advantage Resourcing Payroll Department in the normal way for payment.
- 3. The maximum of 13 hours maybe claimed for one days holiday.
- 4. We can only pay you for hours that have been accrued.

|                   | _             |             |                       |                |          |                       |               |  |
|-------------------|---------------|-------------|-----------------------|----------------|----------|-----------------------|---------------|--|
| Contra            | ctor's Name:  |             |                       |                |          |                       |               |  |
|                   | Client:       |             |                       |                |          |                       |               |  |
|                   | Client Site:  |             |                       |                |          |                       |               |  |
|                   | L             |             |                       |                |          |                       |               |  |
| First day<br>leav |               |             | Last day of<br>leave: |                |          | ork days<br>of leave: |               |  |
|                   |               |             |                       |                |          | hours of<br>required  |               |  |
|                   |               |             |                       |                |          |                       |               |  |
|                   |               |             |                       | _              |          |                       |               |  |
| CONTRACTO         | R TO SIGN & E | DATE TO RE  | QUEST LEAV            | E:             |          |                       |               |  |
| Signatur          | e:            |             |                       |                | Date:    |                       |               |  |
|                   |               |             |                       |                |          |                       |               |  |
| CLIENT MANA       | AGER TO SIGN  | I, PRINT NA | ME & DATE H           | ERE TO AUTHORI | SE LEAVE | E:                    |               |  |
| Signature:        |               |             |                       | Name:          |          |                       |               |  |
|                   |               |             |                       |                |          |                       |               |  |
| Date:             |               |             |                       | Further        |          | this form a           | are available |  |

Please fax to 01256 365718