



Holiday Request Form

Cephas Care

Staff Name: _____

Date Submitted: _____ (4 Weeks notice is required)

Date From: _____ Date to: _____ Back to work on: _____

Number of working hours taken: _____ Number of hours remaining: _____

Managers Signature: _____ Date Approved: _____

Please do not enter holiday dates into the diary. The manager responsible for holidays will do this, but do check yourself that your dates are correctly entered to ensure that no mistakes are made.

This part of the form to be retained by the Department/ Homes Manager

Staff Members name:- _____

Your holiday has been authorised from _____ to _____.

You will return to work on _____.

This is _____ working hours; leaving you a total of _____ hours holiday to be taken this year.

Signature of manager authorising holiday: _____.

Date: _____

This part of the form to go to the staff member on confirmation the holiday has been approved

Staff Name:- _____

Holiday has been authorised from _____ to _____

You will return to work on _____.

This is _____ working hours; leaving a total of _____ hours holiday to be taken this year.

This part of the form to be given to the Human Resources Department