



DATE _____

HOLIDAY BREAK REQUEST FORM

TWO WEEKS NOTICE REQUIRED

NAME: _____

DATE: _____

BRANCH: _____

I, THE ABOVE NAMED, REQUEST TO TAKE AS PART OF MY ANNUAL HOLIDAY ENTITLEMENT FOR THIS YEAR

DAYS LEAVE _____

FROM: _____ **FIRST DAY OF HOLIDAY**

TO: _____ **LAST DAY OF HOLIDAY**

I SHALL RETURN TO WORK ON: _____

EMPLOYEE'S SIGNATURE: _____

AUTHORISED BY: _____

NUMBER OF DAYS LEFT: _____