



Associate Leave Request Form

*** Branch use only ***

Applicable Weekending Date (Should be a Sunday): / /20 Branch: _____

Associate First Name: _____ Associate Surname: _____

Fasttrack ID: 1 _ _ _ _ _

ADP RDP HP review Comment: _____

Adecco Consultant: _____ Date of request: _____

*** Associate use only ***

Please tick correct box (es):

Holiday Pay Alternate Day Other. Please specify: _____ leave.

Request **Holiday pay due to TERMINATING** employment with Adecco Personnel Ltd (Stand down period of 4 weeks applies)

Please fill out information below:

| | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday | | TOTAL |
|------------|--------|---------|-----------|----------|--------|----------|--------|--|-------|
| Date | | | | | | | | | |
| Days/Hours | | | | | | | | | |
| Leave type | | | | | | | | | |

Associate First Name & Surname: _____ Associate Signature: _____

*** Payroll use only ***