HOLIDAY REQUEST

Complete this form and submit to your Area Manager for approval.

Employee Name: Date Submitted:

DETAILS

First Day of Leave

Last Day of Leave

Return to work date

Total Working days requested

EMPLOYEE DECLARATION

I understand that this request is subject to approval and that my leave is confirmed only once approval has been received.

Signed: **Date:**

MANAGER USE ONLY

Decision ☐ Approved ☐ Declined ☐ Discuss with employee

Manager Name:

Manager Signature:

☐ Leave Record Updated