single resource

HOLIDAY/LEAVERS REQUEST FORM
Please use block capitals

WORKER DETAILS

Name			
Address			
DOB		NI No	
Clock NO		Shift	

Paid Holiday ☐		P45 Request	**Yes** ☐	I confirm that I am requesting my P45 as I am resigning from my employment with Single Resource
Unpaid Holiday ☐			**No** ☐	

Holiday Start Date:			Holiday End Date:	

Mon ☐	Tues ☐	Wed ☐	Thurs ☐	Fri ☐	Sat ☐	Sun ☐

Total working days required:		Return to Work Date:		
Worker Department/Line/Work area: (to be completed by client)		Replacement Cover required: (please tick)	Yes ☐	No ☐
Client Signature: (if required) Date:		Worker Signature: Date:		
Consultant Signature: PRINT NAME:		Date:		

PLEASE NOTE: REQUESTED HOLIDAYS WILL ONLY BE PAID IF THE DAYS HAVE BEEN ACCRUED

OFFICE USE ONLY

Clock Number:	Week Number:	Number of Days Paid:
Updated on Availability Calendar? Yes ☐ No ☐	Deduction / Deposit Form actioned? Yes ☐ No ☐	
Actioned By: (Name)	Date:	
Comments:		
Enforced Holiday (please tick) Yes ☐ No ☐	Leaving Date:	
Reason holiday rejected / no authorised:		

EXCEPTIONS (where required)

Reason for Exception:	

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Name:			
Holiday Start Date:		Holiday End date:	
Return to Work Date:		Leaving date: (if applicable)	
Total Working Days Required:			
Authorised by: PRINT NAME:		Date:	