

HOLIDAY REQUEST FORM



To be faxed or sent to:

NES Recruitment (Payroll) Fax: 0161 283 8384
19a Washway Road
Sale
Cheshire M33 7AD

EMPLOYEE NAME: _____

Holiday is requested for the following dates:

From: _____
(inclusive)

To: _____
(Inclusive)

Total number of days _____

My immediate supervisor has been advised of my request.

Client Name: _____

Client signature: _____

Company Name: _____

NOTE TO THE CLIENT: Should you require cover for this period please contact your account manager on 0161 283 8383. Thank you.

TO CONFIRM THAT THIS REQUEST HAS BEEN RECEIVED PLEASE PHONE 0161 283 0007

✂.....

For Office Use Only

Current Entitlement _____	Paid	Unpaid
No. of holidays w/e _____	_____	_____
No. of holidays w/e _____	_____	_____
No. of holidays w/e _____	_____	_____
No. of holidays w/e _____	_____	_____
Total at days taken _____	_____	_____
Remaining _____	_____	_____