



## HOLIDAY PAY REQUEST FORM

NAME: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

DATE: \_\_\_\_\_

COMPANY: \_\_\_\_\_

Please tick box or confirm amount required below. If no amount given, all will be paid out.

<input type="checkbox"/> Holiday Pay - ALL	<input type="checkbox"/> Lieu days - ALL	<input type="checkbox"/> Sick leave
\$ _____ Gross/Nett	# of Lieu days: _____	Dates: _____

Are you leaving Coverstaff: Yes/No      Last day of work \_\_\_/\_\_\_/\_\_\_

SIGNATURE: \_\_\_\_\_

### OFFICE USE

Client Code: \_\_\_\_\_

Current/Finished

Posted: \_\_\_\_\_