

Employee Details	
Name:	
Holiday Details	
Date From:	
Date To:	
Number of Working Days Requested:	
Additional Information	
Is Holiday Cover Required? (Yes/No):	
Employee Covering Position (if applicable):	
Signed by covering Employee	
Signed by Employee:	
Date Signed by Employee:	
Approval Section	
Authorised by Line Manager:	
Date:	
Authorised by Partner:	_
	_

Admin Use Only (To be completed by authorised persons only)

Entered on Year Planner

Entered on Employee Holiday Record

Entered on Department Diary