

Agency worker: ..... Company: ..... Payroll No.: .....

Date from\*: ..... Date to: ..... No. of days: .....

Date from\*: ..... Date to: ..... No. of days: .....

Do you wish to be paid if entitled? Yes  No  Agency worker signature: ..... Date: .....

**Client authorisation**

Name: ..... Position: ..... Client signature: .....

On behalf of (company): ..... Date: .....

This holiday form will be accepted via email on the understanding it has been sent from an authorised email account.

**Client use only:**

Do you require cover for the above period(s) Yes  No

If yes, please indicate number of days, number of agency workers, etc.: .....

\*All **On Line People** agency workers must give twice as much notice as the number of days leave you wish to take, eg. For 2 days leave, we require 4 days notice.