

HOLIDAY REFERENCE REQUEST

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| --- | --- |
| EMPLOYEE NAME |  |
| PAYROLL NUMBER |  |
| CONSULTANT |  |
| DATE HOLIDAY COMMENCES |  |
| DATE HOLIDAY ENDS |  |
| TOTAL NUMBER OF DAYS TAKEN |  |
| BALANCE OF ANNUAL LEAVE |  |
|  |  |

I understand that these dates will be agreed depending on the needs of the business and my department. I also under that this holiday request form should reach my consultant at least one week before the holiday period starts.

Zoom annual holiday period runs from April 1st to March 31st

Temporary Worker Signature ………………………………………………………………………………………………………..

Date ……………………………………………..

INTERNAL OFFICE USE ONLY

Authorised by …………………………………………………………………………………………………………………………………

Client Informed YES / NO

Position ………………………………………………………………………………………………………………………………………….

Date ……………………………………………….

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