

HOLIDAY REQUEST FORM

Return to:
29 Library Street
Wigan
WN1 1NN
Tel. 01942 246223
Fax. 01942 826396

Date: _____ Place of Work: _____

Name: _____ Payroll No.: _____

Date From: _____ Date To: _____

Number of days being taken: _____

Candidate Signature: _____

Client Signature: _____

NOTE: The above is for a maximum of one week only - any additional holidays must be requested on an extra holiday form.