



Holiday Request Form

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| Employee Name: _____ | Date Submitted to Office: _____ |
| Holidays/Days Off (State Dates Required) _____ | |
| Last Shift Planned to Work: _____ | |
| Start Back Date: _____ Time Available: _____ | |
| Please indicate if holiday pay is required on payday prior to holiday period: YES/NO | |
| Important Notes: Not more than one officer at a time is allowed to be absent on holiday from a multi-manned site. Holidays are to be applied for a minimum of <u>four</u> working weeks before the start date. Holidays will not be accepted unless in exceptional circumstances during the Christmas/New Year period and on Bank Holidays | |
| For Office Use Only Accounts Department (For Entitlement Confirmation) Entitlement b/f _____ No. of days request (above) _____ Entitlement Remaining: _____ Signed: _____ Print Name: _____ Date: _____ Managing Director or nominated qualified person Approved Y/N If no, state reasons for rejection _____ Employee Notified: _____ Signed: _____ Print Name: _____ Date: _____ Control Room (For Approved Holidays Only) Scheduled on system? Y/N Rota Adjusted? Y/N Date of Input: _____ Signed: _____ Print Name: _____ Date: _____ | |
| Note: File in Employee Personnel File | |
| Employee Signature _____ | |

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