

# TEMPORARY STAFF HOLIDAY REQUEST FORM

RETURN TO THE BUSINESS CONNECTION AS SOON AS POSSIBLE

Name:

Employee No:

Address:

**PLEASE NOTE: IT IS A REQUIREMENT THAT YOU GIVE US TWICE AS MUCH NOTICE AS HOLIDAY REQUIRED.**  
*(For example, if you require one week holiday you are required to give us two weeks notice).*

## Current Assignment Details:

Name of Company \_\_\_\_\_

## Holiday Dates Required:

From:	To:
Date of return to work:	Total number of <b>hours</b> off work:

## TEMPORARY WORKERS SIGNATURE:

\_\_\_\_\_

\_\_\_\_\_

*Dated*

## MANAGER/TEAM LEADER AGREEMENT:

\_\_\_\_\_

*Signature*

\_\_\_\_\_

*Print Name*

\_\_\_\_\_

*Dated*

Temp Pay Rate

Please return: The Business Connection, The Stables, 20 White Friars., Chester CH1 1XS  
(by fax 0844 358 3500) and contact us by telephone on 01244 350303 for confirmation of these dates