

# 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, X Building, 32 Bixteth Street, Liverpool L3 9UH  
(by fax 0844 358 0111) and contact us by telephone on 0151 227 9888 for confirmation of these dates